

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

APPROVED
AND
FILED

97 OCT 13 AM 9:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE
		Sandra B. Mertham
		Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000019640 (7)

1. Corporation Name

CLASSIC WHEELS CAFE CORPORATION

Principal Place of Business

1601 JACKSON ST
SUITE 101
FT MYERS FL 33901

Mailing Address

1601 JACKSON ST
SUITE 101
FT MYERS FL 33901

2. Principal Place of Business

21 Classic Wheels Cafe

Suite, Apt. #, etc.

22 15185 M^cGregor Blvd

City & State

23 Ft Myers, Florida

Zip

24 Lee

Country

2a. Mailing Address

26 Classic Wheels Cafe

Suite, Apt. #, etc.

27 15185 M^cGregor Blvd

City & State

28 Ft. Myers, Florida

Zip

29 33908

Country

30 Lee

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/22/1996

3a. Date of Last Report

4. FEI Number

65 065 9159

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

EPSTEIN, ANDREWS S
1601 JACKSON ST
SUITE 101
FT MYERS FL 33901

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

200002320612--9

-10/15/97--01037--006

83 City

****550.00

FL

****550.00

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME D
STREET ADDRESS MOLINARI, BRUNO
CITY-ST-ZIP 1103 SCHOONER PL
SANIBEL ISLAND FL 33957

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

☐ Change

☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

☐ Change

☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

☐ Change

☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

☐ Change

☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

☐ Change

☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

☐ Change

☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

CR2E034 (4/97)