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FILED
Apr 17 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra R. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000045212 (3)

1. Corporation Name
CRUISIN' CAFE, INC.



Principal Place of Business
4430 HOLLYGATE DRIVE
JACKSONVILLE FL 32258

Mailing Address
4430 HOLLYGATE DRIVE
JACKSONVILLE FL 32258-1336

3. Date Incorporated or Qualified
05/22/1996

3a. Date of Last Report

2. Principal Place of Business

21 4430 Hollygate Drive

Suite, Apt. #, etc.

22 City & State

23 Jacksonville, FL

24 32258

25 USA

2a. Mailing Address

26 4430 Hollygate Dr

Suite, Apt. #, etc.

27 City & State

28 Jacksonville, FL

29 32258

30 USA

4. FEI Number

59-3385894

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

RAMSEY, JOHN D
4430 HOLLYGATE DRIVE
JACKSONVILLE FL 32258

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

JOHN D. RAMSEY

3/31/97

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

PRESIDENT
FERN R. RAMSEY
4430 Hollygate Dr.
JACKSONVILLE FL 32258

TITLE NAME STREET ADDRESS CITY-ST-ZIP

SECRETARY
John D. Ramsey
4430 Hollygate Dr.
Jacksonville, FL 32258

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the 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.

SIGNATURE:

JOHN D. RAMSEY

3/31/97

(904)880-9842

Date

Daytime Phone #

CR2E034 (9/96)