

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
 Oct 13 1998 8:00am
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
 Sandra B. Morthem
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P97000052604

1. Corporation Name
UPTOWN CAFE, INC.

Principal Place of Business: 8563 U.S. Hwy 19, Port Richey, FL 34668, US
 Mailing Address: 2432 U.S. Hwy 19, Holiday, FL 34691, US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 21 Address As above, 22 City & State, 23 Zip, Country
 2a. Mailing Address: 26 Address As Above, 27 City & State, 28 Zip, Country

3. Date Incorporated or Qualified: 06/16/97
 4. FEI Number: 59-3452798
 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 owes or has paid the current year Intangible Personal Property Tax due June 30: Yes

9. Name and Address of Current Registered Agent
 Cornelius J. McGeehan, Jr.
 2432 U.S. Hwy 19
 Holiday, FL 34691

10. Name and Address of New Registered Agent
 81 Name, 82 Street Address (P.O. Box Number is Not Acceptable), 83, 84 City, 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: _____ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE: President, Secy-Treasurer 1.2 NAME: Cornelius J. McGeehan, Jr. 1.3 STREET ADDRESS: 2432 U.S. Hwy 19 1.4 CITY-ST-ZIP: Holiday, FL 34691 2.1 TITLE: Delete any and all other names previously reported. 2.2 NAME: [Blank] 2.3 STREET ADDRESS: [Blank] 2.4 CITY-ST-ZIP: [Blank] 3.1 TITLE: [Blank] 3.2 NAME: [Blank] 3.3 STREET ADDRESS: [Blank] 3.4 CITY-ST-ZIP: [Blank] 4.1 TITLE: [Blank] 4.2 NAME: [Blank] 4.3 STREET ADDRESS: [Blank] 4.4 CITY-ST-ZIP: [Blank] 5.1 TITLE: [Blank] 5.2 NAME: [Blank] 5.3 STREET ADDRESS: [Blank] 5.4 CITY-ST-ZIP: [Blank] 6.1 TITLE: [Blank] 6.2 NAME: [Blank] 6.3 STREET ADDRESS: [Blank] 6.4 CITY-ST-ZIP: [Blank]	1.1 TITLE: [Blank] 1.2 NAME: [Blank] 1.3 STREET ADDRESS: [Blank] 1.4 CITY-ST-ZIP: [Blank] 2.1 TITLE: [Blank] 2.2 NAME: [Blank] 2.3 STREET ADDRESS: [Blank] 2.4 CITY-ST-ZIP: [Blank] 3.1 TITLE: [Blank] 3.2 NAME: [Blank] 3.3 STREET ADDRESS: [Blank] 3.4 CITY-ST-ZIP: [Blank] 4.1 TITLE: [Blank] 4.2 NAME: 400002662504 4.3 STREET ADDRESS: -10/13/98-01043-006 4.4 CITY-ST-ZIP: ***550.00 5.1 TITLE: [Blank] 5.2 NAME: [Blank] 5.3 STREET ADDRESS: [Blank] 5.4 CITY-ST-ZIP: [Blank] 6.1 TITLE: [Blank] 6.2 NAME: [Blank] 6.3 STREET ADDRESS: [Blank] 6.4 CITY-ST-ZIP: [Blank]

14. I 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.

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