

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 07 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000082763 (8)
 1. Corporation Name
FORT MYERS SUNSHINE CAFE, INC.



Principal Place of Business 13891 JETPORT LOOP SUITE 19 FORT MYERS FL 33913	Mailing Address 13891 JETPORT LOOP SUITE 19 FORT MYERS FL 33913
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/23/1997	
4. FEI Number 65 - 0788095	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 \$750 GLADIOLUS DRIVE	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 FORT MYERS, FL	City & State 28
Zip 24 33908	Country 25 US
	Zip 29
	Country 30

9. Name and Address of Current Registered Agent
**CAREY, MICHAEL R
 100 SOUTH ASHLEY DRIVE
 SUITE 1190
 TAMPA FL 33602**

10. Name and Address of New Registered Agent
 81 Name **BRUST, BRUCE**
 82 Street Address (P.O. Box Number is Not Acceptable)
13891 JETPORT LOOP, SUITE 19
 83
 84 City **FORT MYERS** **FL** 85 Zip Code **33913**

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]* DATE **4-29-98**

12. OFFICERS AND DIRECTORS		DELETED
TITLE	D	<input type="checkbox"/>
NAME	BRUST, BRUCE	
STREET ADDRESS	13891 JETPORT LOOP, SUITE 19	
CITY-ST-ZIP	FORT MYERS FL 33913	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE	PVST	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.2 NAME	BRUST, BRUCE		
2.3 STREET ADDRESS	13891 JETPORT LOOP, SUITE 19		
2.4 CITY-ST-ZIP	FORT MYERS, FL 33913		
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

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.

SIGNATURE: *[Signature]* DATE **4-29-98**

CFR2E034 (10/97)