

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

0087199

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P98000079060**

1. Corporation Name

CAMEO RESTAURANT CORPORATION

FILED
CLERK OF STATE
DIVISION OF CORPORATIONS

99 AUG 6



Principal Place of Business
**19567 VINTAGE TRACE CIRCLE
FORT MYERS FL 33912**

Mailing Address
**19567 VINTAGE TRACE CIRCLE
FORT MYERS FL 33912**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/04/1998

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number

45-0843496

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 owes the current year
Intangible Personal Property.

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**ROSS, FRANCES
19567 VINTAGE TRACE CIRCLE
FORT MYERS FL 33912**

10. Name and Address of New Registered Agent

81 Name

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

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

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	D	<input type="checkbox"/> DELETE
NAME	ROSS, FRANCES	
STREET ADDRESS	19567 VINTAGE TRACE CIRCLE	
CITY-ST-ZIP	FORT MYERS FL 33912	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
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CITY-ST-ZIP		

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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	LAURA SARICNO	
1.3 STREET ADDRESS	14770 LAKE OLIVE DR	
1.4 CITY-ST-ZIP	FT. MYERS FL 33919	

2.1 TITLE	T-S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	SUSAN STALLWOOD	
2.3 STREET ADDRESS	9090 LADYBUG COURT	
2.4 CITY-ST-ZIP	FT. MYERS FL 33919	

3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

FRANCES ROSS **FRANCES ROSS**

8/1/99

(941) 481-7766

CR2E034 (5/99)

Cameo

Restaurant
Fine European / American Cuisine

August 1, 1999

Florida Dept State
Division of Corporations
P.O. Box 6327
Tallahassee FL 32314
ATT: MR. Toner.

Dear Mr. Toner:

We are writing you in reference to the filing fee for Document # P98000079060 for Cameo Restaurant Corporation. We have no recollection of receiving the First Notice. We are a small company and this is our first corporation and we had no knowledge of this fee, until we received the second notice.

We are enclosing \$150.00 check and the Annual Report. We hope you will consider our position and waive the penalty - This will never happen again!

Thank you for your kind consideration.

Sincerely,

Frances Rowe, V.P.
CAMEO RESTAURANT CORP.