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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **P98000088802**

1. Corporation Name
THE ART CAFE, INC.



Principal Place of Business: 3501 SW 2ND AVE, STE.C-12, GAINESVILLE FL 32607
 Mailing Address: 3501 SW 2ND AVE, STE.C-12, GAINESVILLE FL 32607

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified: **10/20/1998**

4. FEI Number: **59-353-9447** 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

7. This corporation owes the current year Intangible Personal Property Tax: Yes No

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-sections for Suite, Apt., etc., City & State, Zip, and Country.

9. Name and Address of Current Registered Agent
ARMIDA, MARIA
 3501 SW 2ND AVE, STE.C-12
 GAINESVILLE FL 32607

10. Name and Address of New Registered Agent
 81 Name: **DEBORAH EKSTRAND**
 82 Street Address (P.O. Box Number is Not Acceptable): **3501 SW 2ND AVE STE-0**
 84 City: **GAINESVILLE** 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 607.0502, Florida Statutes.
 SIGNATURE: *Deborah Ekstrand* DATE: **4/29/99**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: President <input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: Deborah J EKSTRAND	1.2 NAME	1.2 NAME	
STREET ADDRESS: 2870 SE - 34th St - Ocala	1.3 STREET ADDRESS	1.3 STREET ADDRESS	
CITY-ST-ZIP: FL - 34471	1.4 CITY-ST-ZIP	1.4 CITY-ST-ZIP	
TITLE: SECRETARY <input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: Perry Ekstrand	2.2 NAME	2.2 NAME	
STREET ADDRESS: 2870 SE - 34th St	2.3 STREET ADDRESS	2.3 STREET ADDRESS	
CITY-ST-ZIP: Ocala, FL - 34471	2.4 CITY-ST-ZIP	2.4 CITY-ST-ZIP	
TITLE: <input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	3.2 NAME	3.2 NAME	
STREET ADDRESS:	3.3 STREET ADDRESS	3.3 STREET ADDRESS	
CITY-ST-ZIP:	3.4 CITY-ST-ZIP	3.4 CITY-ST-ZIP	
TITLE: <input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	4.2 NAME	4.2 NAME	
STREET ADDRESS:	4.3 STREET ADDRESS	4.3 STREET ADDRESS	
CITY-ST-ZIP:	4.4 CITY-ST-ZIP	4.4 CITY-ST-ZIP	
TITLE: <input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	5.2 NAME	5.2 NAME	
STREET ADDRESS:	5.3 STREET ADDRESS	5.3 STREET ADDRESS	
CITY-ST-ZIP:	5.4 CITY-ST-ZIP	5.4 CITY-ST-ZIP	
TITLE: <input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	6.2 NAME	6.2 NAME	
STREET ADDRESS:	6.3 STREET ADDRESS	6.3 STREET ADDRESS	
CITY-ST-ZIP:	6.4 CITY-ST-ZIP	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, with all other like empowered.

SIGNATURE: *Maria Armida* **ARMIDA, MARIA** 2-20-99 352-373-7311
 SIGNATURE: *Deborah Ekstrand* **DEBORAH EKSTRAND** 4-29-99 352-373-7311

CR2E034 (1/198)