

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra H. Montague
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **V30048**

(5)

1. Corporation Name

SASHA OLIVER'S BISTRO, INC.

95117-1 1110:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Physical Office of Corporation: 7115 GULF BLVD.
ST. PETERSBURG BEACH FL 33706

Mailing Address: 7115 GULF BLVD.
ST. PETERSBURG BEACH FL 33706

3. Date of Incorporation or Qualification 04/16/1992	3a. Date of Last Report 05/01/1994
4. FEI Number 59-3118886	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 (332), Florida Statutes. ☒ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21. State Apt. # etc.	26. State Apt. # etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent

**MCLEOD, PHILIP A.
300 FIRST AVENUE SOUTH
#401
ST. PETERSBURG FL 33701**

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.1 NAME D MIELKE, REINHARD	12.2 STREET ADDRESS 1313 MURK WAY SOUTH	13.1 NAME	☐ Change ☐ Addition
12.3 CITY & STATE ST. PETERSBURG FL		13.2 STREET ADDRESS	
12.4 NAME D MIELKE, ANGELIQUE	12.5 STREET ADDRESS 1313 MURK WAY SOUTH	13.3 NAME	☐ Change ☐ Addition
12.6 CITY & STATE ST. PETERSBURG FL		13.4 STREET ADDRESS	
12.7 NAME	12.8 STREET ADDRESS	13.5 NAME	☐ Change ☐ Addition
12.9 CITY & STATE		13.6 STREET ADDRESS	
12.10 NAME	12.11 STREET ADDRESS	13.7 NAME	☐ Change ☐ Addition
12.12 CITY & STATE		13.8 STREET ADDRESS	
12.13 NAME	12.14 STREET ADDRESS	13.9 NAME	☐ Change ☐ Addition
12.15 CITY & STATE		13.10 STREET ADDRESS	
12.16 NAME	12.17 STREET ADDRESS	13.11 NAME	☐ Change ☐ Addition
12.18 CITY & STATE		13.12 STREET ADDRESS	
12.19 NAME	12.20 STREET ADDRESS	13.13 NAME	☐ Change ☐ Addition
12.21 CITY & STATE		13.14 STREET ADDRESS	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in law 199 (332)(b)(ii), Florida Statutes. I further certify that the information reflected 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 a duly authorized officer or director of the corporation or the executor or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 on this report or on an attachment with an address.

SIGNATURE: *Reinhard Mielke*
REINHARD MIELKE
President

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

FLORIDA
ANNUAL REPORT

1995



STATE OF FLORIDA
DEPARTMENT OF REVENUE
TAXATION DIVISION
TALLAHASSEE, FLORIDA 32399-0001

DOCUMENT # **V30276** (2)
FANTASIES OF PORT CHARLOTTE, INC.

5-1-95 11:45

STATE OF FLORIDA
DEPARTMENT OF REVENUE
TAXATION DIVISION
TALLAHASSEE, FLORIDA 32399-0001

2141 TAMiami TR UNIT 1 PORT CHARLOTTE FL 33952		3190 S. STATE ROAD 7 SUITE 18 HOLLYWOOD FL 33023 US		3. Date of Incorporation or Creation 04/17/1992		3a. Date of Last Report 05/01/1994	
2. Date of Report 21		2a. Mailing Address 26 1938 S TAMiami TR.		4. FID Number 65-0330813		Applied For Not Applicable	
22. State of Report 22		27. State of Report 27		5. Certificate of Status Desired 23		\$8.75 Additional Fee Required	
23. City & State 23		28. City & State 28 VENICE, FL		6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
24. Zip Code 24		29. Zip Code 29 334293		30. Country 30 US		8. Does corporation file liability for apportioned tax under 15-11912.6? Florida Statute ☐ Yes ☒ No	
9. Name and Address of Current Registered Agent SCLAFANI, PETER P. 2414 TAMiami TRAIL PT CHARLOTTE FL 33952				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. I, the undersigned, the president, officer, director, and agent of the corporation, hereby certify that the above named corporation submits this statement for the purpose of filing a report as required by Chapter 193, Florida Statutes, and that the change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am a resident of the State of Florida and accept the consequences of the Florida Statutes.							
SIGNATURE							
12. OFFICERS AND DIRECTORS P SCLAFANI, PETER P. 2414 TAMiami TRAIL PT CHARLOTTE FL ST HANDIS-SCLAFANI, AVA P. 2414 TAMiami TRAIL PT CHARLOTTE FL VP KOLTERMAN, RAYMOND C. JR 2414 TAMiami TR PORT CHARLOTTE FL				13. ADDITIONAL OFFICERS, DIRECTORS AND SHAREHOLDERS 14. NAME 15. STREET ADDRESS 16. CITY 17. STATE 18. ZIP CODE 19. FID NUMBER 20. NAME 21. STREET ADDRESS 22. CITY 23. STATE 24. ZIP CODE 25. FID NUMBER 26. NAME 27. STREET ADDRESS 28. CITY 29. STATE 30. ZIP CODE 31. FID NUMBER 32. NAME 33. STREET ADDRESS 34. CITY 35. STATE 36. ZIP CODE 37. FID NUMBER 38. NAME 39. STREET ADDRESS 40. CITY 41. STATE 42. ZIP CODE 43. FID NUMBER 44. NAME 45. STREET ADDRESS 46. CITY 47. STATE 48. ZIP CODE 49. FID NUMBER 50. NAME 51. STREET ADDRESS 52. CITY 53. STATE 54. ZIP CODE 55. FID NUMBER 56. NAME 57. STREET ADDRESS 58. CITY 59. STATE 60. ZIP CODE 61. FID NUMBER 62. NAME 63. STREET ADDRESS 64. CITY 65. STATE 66. ZIP CODE 67. FID NUMBER 68. NAME 69. STREET ADDRESS 70. CITY 71. STATE 72. ZIP CODE 73. FID NUMBER 74. NAME 75. STREET ADDRESS 76. CITY 77. STATE 78. ZIP CODE 79. FID NUMBER 80. NAME 81. STREET ADDRESS 82. CITY 83. STATE 84. ZIP CODE 85. FID NUMBER 86. NAME 87. STREET ADDRESS 88. CITY 89. STATE 90. ZIP CODE 91. FID NUMBER 92. NAME 93. STREET ADDRESS 94. CITY 95. STATE 96. ZIP CODE 97. FID NUMBER 98. NAME 99. STREET ADDRESS 100. CITY 101. STATE 102. ZIP CODE 103. FID NUMBER 104. NAME 105. STREET ADDRESS 106. CITY 107. STATE 108. ZIP CODE 109. FID NUMBER 110. NAME 111. STREET ADDRESS 112. CITY 113. STATE 114. ZIP CODE 115. FID NUMBER 116. NAME 117. STREET ADDRESS 118. CITY 119. STATE 120. ZIP CODE 121. FID NUMBER 122. NAME 123. STREET ADDRESS 124. CITY 125. STATE 126. ZIP CODE 127. FID NUMBER 128. NAME 129. STREET ADDRESS 130. CITY 131. STATE 132. ZIP CODE 133. FID NUMBER 134. NAME 135. STREET ADDRESS 136. CITY 137. STATE 138. ZIP CODE 139. FID NUMBER 140. NAME 141. STREET ADDRESS 142. CITY 143. STATE 144. ZIP CODE 145. FID NUMBER 146. NAME 147. STREET ADDRESS 148. CITY 149. STATE 150. ZIP CODE 151. FID NUMBER 152. NAME 153. STREET ADDRESS 154. CITY 155. STATE 156. ZIP CODE 157. FID NUMBER 158. NAME 159. STREET ADDRESS 160. CITY 161. STATE 162. ZIP CODE 163. FID NUMBER 164. NAME 165. STREET ADDRESS 166. CITY 167. STATE 168. ZIP CODE 169. FID NUMBER 170. NAME 171. STREET ADDRESS 172. CITY 173. STATE 174. ZIP CODE 175. FID NUMBER 176. NAME 177. STREET ADDRESS 178. CITY 179. STATE 180. ZIP CODE 181. FID NUMBER 182. NAME 183. STREET ADDRESS 184. CITY 185. STATE 186. ZIP CODE 187. FID NUMBER 188. NAME 189. STREET ADDRESS 190. CITY 191. STATE 192. ZIP CODE 193. FID NUMBER 194. NAME 195. STREET ADDRESS 196. CITY 197. STATE 198. ZIP CODE 199. FID NUMBER 200. NAME 201. STREET ADDRESS 202. CITY 203. STATE 204. ZIP CODE 205. FID NUMBER 206. NAME 207. STREET ADDRESS 208. CITY 209. STATE 210. ZIP CODE 211. FID NUMBER 212. NAME 213. STREET ADDRESS 214. CITY 215. STATE 216. ZIP CODE 217. FID NUMBER 218. NAME 219. STREET ADDRESS 220. CITY 221. STATE 222. ZIP CODE 223. FID NUMBER 224. NAME 225. STREET ADDRESS 226. CITY 227. STATE 228. ZIP CODE 229. FID NUMBER 230. NAME 231. STREET ADDRESS 232. CITY 233. STATE 234. ZIP CODE 235. FID NUMBER 236. NAME 237. STREET ADDRESS 238. CITY 239. STATE 240. ZIP CODE 241. FID NUMBER 242. NAME 243. STREET ADDRESS 244. CITY 245. STATE 246. ZIP CODE 247. FID NUMBER 248. NAME 249. STREET ADDRESS 250. CITY 251. STATE 252. ZIP CODE 253. FID NUMBER 254. NAME 255. STREET ADDRESS 256. CITY 257. STATE 258. ZIP CODE 259. FID NUMBER 260. NAME 261. STREET ADDRESS 262. CITY 263. STATE 264. ZIP CODE 265. FID NUMBER 266. NAME 267. STREET ADDRESS 268. CITY 269. STATE 270. ZIP CODE 271. FID NUMBER 272. NAME 273. STREET ADDRESS 274. CITY 275. STATE 276. ZIP CODE 277. FID NUMBER 278. NAME 279. STREET ADDRESS 280. CITY 281. STATE 282. ZIP CODE 283. FID NUMBER 284. NAME 285. STREET ADDRESS 286. CITY 287. STATE 288. ZIP CODE 289. FID NUMBER 290. NAME 291. STREET ADDRESS 292. CITY 293. STATE 294. 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FID NUMBER 1232. NAME 1233. STREET ADDRESS 1234. CITY 1235. STATE 1236. ZIP CODE 1237. FID NUMBER 1238. NAME 1239. STREET ADDRESS 1240. CITY 1241. STATE 1242. ZIP CODE 1243. FID NUMBER 1244. NAME 1245. STREET ADDRESS 1246. CITY 1247. STATE 1248. ZIP CODE 1249. FID NUMBER 1250. NAME 1251. STREET ADDRESS 1252. CITY 1253. STATE 1254. ZIP CODE 1255. FID NUMBER 1256. NAME 1257. STREET ADDRESS 1258. CITY 1259. STATE 1260. ZIP CODE 1261. FID NUMBER 1262. NAME 1263. STREET ADDRESS 1264. CITY 1265. STATE 1266. ZIP CODE 1267. FID NUMBER 1268. NAME 1269. STREET ADDRESS 1270. CITY 1271. STATE 1272. ZIP CODE 1273. FID NUMBER 1274. NAME 1275. STREET ADDRESS 1276. CITY 1277. STATE 1278. ZIP CODE 1279. FID NUMBER 1280. NAME 1281. STREET ADDRESS 1282. CITY 1283. STATE 1284. ZIP CODE 1285. FID NUMBER 1286. NAME 1287. STREET ADDRESS 1288. CITY 1289. STATE 1290. ZIP CODE 1291. FID NUMBER 1292. NAME 1293. STREET ADDRESS 1294. CITY 1295. STATE 1296. ZIP CODE 1297. FID NUMBER 1298. NAME 1299. 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STATE 1368. ZIP CODE 1369. FID NUMBER 1370. NAME 1371. STREET ADDRESS 1372. CITY 1373. STATE 1374. ZIP CODE 1375. FID NUMBER 1376. NAME 1377. STREET ADDRESS 1378. CITY 1379. STATE 1380. ZIP CODE 1381. FID NUMBER 1382. NAME 1383. STREET ADDRESS 1384. CITY 1385. STATE 1386. ZIP CODE 1387. FID NUMBER 1388. NAME 1389. STREET ADDRESS 1390. CITY 1391. STATE 1392. ZIP CODE 1393. FID NUMBER 1394. NAME 1395. STREET ADDRESS 1396. CITY 1397. STATE 1398. ZIP CODE 1399. FID NUMBER 1400. NAME 1401. STREET ADDRESS 1402. CITY 1403. STATE 1404. ZIP CODE 1405. FID NUMBER 			

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA 32399-0001

DOCUMENT # V30281

(2)

FANTASY MANAGEMENT, INC.

2414 TAMiami TRAIL
PT CHARLOTTE FL 33952
US

2414 TAMiami TRAIL
PT CHARLOTTE FL 33952
US

2. Filing Office (Required)

21. State Agent

22. City & State

23. Zip

24. Country

2a. Mailing Address

26. State Agent

27. City & State

28. Zip

29. Country

30. US

3. Filing Office (Required)

4. Filing Office

5. Certificate of Status (Desired)

6. Election Campaign Financing

7. Report on the Status of the Corporation (Required)

3a. Filing Office (Required)

3b. Filing Office

3c. Filing Office

3d. Filing Office

3e. Filing Office

3f. Filing Office

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCLAFANI, PETER P.
2414 TAMiami TRAIL
PT CHARLOTTE FL 33952

81. Name

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

83. City

84. State

FL

85. Zip Code

11. I, the undersigned, being a resident of the State of Florida, do hereby certify that the above named corporation is a corporation organized under the laws of the State of Florida, and that the above named corporation is a corporation organized under the laws of the State of Florida, and that the above named corporation is a corporation organized under the laws of the State of Florida.

SIGNATURE

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS

14. NAME

15. STREET ADDRESS

16. CITY

17. STATE

18. ZIP

19. NAME

20. STREET ADDRESS

21. CITY

22. STATE

23. ZIP

24. NAME

25. STREET ADDRESS

26. CITY

27. STATE

28. ZIP

29. NAME

30. STREET ADDRESS

31. CITY

32. STATE

33. ZIP

34. NAME

35. STREET ADDRESS

36. CITY

37. STATE

38. ZIP

39. NAME

40. STREET ADDRESS

41. CITY

42. STATE

43. ZIP

44. NAME

45. STREET ADDRESS

46. CITY

47. STATE

48. ZIP

49. NAME

50. STREET ADDRESS

51. CITY

52. STATE

53. ZIP

SIGNATURE: *A. Pamela Handis-Sclafani*
A. Pamela Handis-Sclafani

3-1-95 (813)627-7587

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CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sally B. McWhorter
Secretary of State
CORPORATION DIVISION

DOCUMENT # V30702

(7)

CAROL A. ATKINSON, P.A.

APPROVED
FILED

MAY 11 1995

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
3317 NW 10TH TERRACE
STE 401
FT. LAUDERDALE FL 33311
US

Mailing Address
3317 NW 10TH TERRACE
STE 401
FT. LAUDERDALE FL 33311
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
04/20/1992	09/16/1994
4. FEI Number	Applied For Not Applicable
65-0341745	
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. 199.042, Florida Statutes	☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21. State, Apt. #, etc.	26. State, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. County	29. County
25. Zip	30. County

9. Name and Address of Current Registered Agent

ATKINSON, CAROL A.
3317 NW 10TH TERRACE
STE 401
FT. LAUDERDALE FL 33311

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. Zip Code	FL

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

12. OFFICERS AND DIRECTORS	13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12
1. TITLE NAME STREET ADDRESS CITY, ST, ZIP	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY, ST, ZIP
2. TITLE NAME STREET ADDRESS CITY, ST, ZIP	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY, ST, ZIP
3. TITLE NAME STREET ADDRESS CITY, ST, ZIP	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY, ST, ZIP
4. TITLE NAME STREET ADDRESS CITY, ST, ZIP	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY, ST, ZIP
5. TITLE NAME STREET ADDRESS CITY, ST, ZIP	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY, ST, ZIP
6. TITLE NAME STREET ADDRESS CITY, ST, ZIP	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY, ST, ZIP

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.04(1)(b), 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 person or persons empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 1, or Block 1a, of this document, or on an attachment with an address.

SIGNATURE:

Carol A. Atkinson

CAROL A. ATKINSON

5/1/95 OWNER 305 508 5004