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

PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name J.L.G. CAFES, INC.

DOCUMENT # **H69148**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

FILED Apr 05, 1999 8:00 am Secretary of State

04-05-1999 90028 043 ***150.00



Principal Place of Business Mailing Address									
116 DUNLAWTON BLVD. DAYTONA BEACH SHORES FL 32127-4614 116 DUNLAWTON BLVD. DAYTONA BEACH SHORES				FL 32127-	461	14	DO NOT WRITE IN THIS SPACE		
							3. Date Incorporated or Qualifed		
							08/01/1985		
Principal Place of Business 2a. Mailing Address							4. FEI Number Applied For		
21 26							59-2565053 Not Applicable		
Suite, Apt. #, etc. Suite, Apt. #, etc. 27						5. Certificate of Status Desired			
City & State City & State						6. Election Campaign Financing \$5.00 May Be			
23 28						Trust Fund Contribution Added to Fees			
Zip	Country	29	Zip Cour 30		ry		8. This corporation owes the current year Intangible Personal Property Tax. Yes		
24	9. Name and Address of Curre			<u> </u>			10. Name and Address of New Registered Agent		
 -				8	11	Name			
GILL, ERIC V.					12	Street Ar	Address (P.O. Box Number is Not Acceptable)		
4393 RIDGËWOOD AVENUE SUITE 5					13	 			
PORT ORANGE FL 32019)°	۱۵				
TOTA CIONAL TE SESTO				8	4	City	FL 85 Zip Code		
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes					i	-named cr	organization submits this statement for the oursess of changing its registered		
l office or	registered agent, or both, in the Stat am familiar with, and accept the oblig	e of Flori	da. Such change was ai	Jthorized C	. v	the corpora	ation's board of directors. I hereby accept the appointment as registered		
SIGNATURE	Signature, typed or printed name of registered as	nent and title	d applicable (NOTE:	Registered Ac	pent	it signature reg	uired when reinstating) DATE		
12.	OFFICERS A			13.	_	<u>`</u>	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P		☐ DELETE	1.1 TITLE	=		☐ Change ☐ Addition		
NAME	GENOVESE, JOSEPH P.		1.2 NAM	E	-				
STREET ADDRESS	THE PANAL TERRING CIRCLE			1.3 STRE	ET	ADDRESS			
CITY-ST-ZIP	PONCE INLET FL			1.4 CITY	-\$1	î-ZIP			
TITLE			2.1 TITLE	E		☐ Change ☐ Addition			
NAME	GENOVESE, LISA 22		2.2 NAMI	E.	ĺ	·			
STREET ADDRESS	110 PONCE TERRACE CIRCL	Ε		2.3 STRE	ĒΤ	ADDRESS			
CITY-ST-ZIP	PONCE INLET FL			2. 4 CITY	(-S	T-ZIP			
_1ITLE			DELETE	3.1 TITLE	Ę		☐ Change ☐ Addition		
NAME				3.2 NAMI	E	ĺ			
STREET ADDRESS				3.3 STRE	ET	ADDRESS			
CITY-ST-ZIP				3.4. CITY		T-ZIP			
TITLE			☐ DELETE	4.1 TITLE	Ε		☐ Change ☐ Addition		
NAME				4. 2 NAM	ΙE				
STREET ADDRESS				4.3 STRE	ΕT	ADDRESS			
CITY-ST-ZIP				4.4 CITY	-ST	r-ziP			
TITLE			☐ DELETE	5.1 TITLE			☐ Change ☐ Addition		
NAME				5.2 NAM	E	ſ			
STREET ADDRESS				5.3 STRE	EŢ	ADDRESS	ļ		
CITY-ST-ZIP				5.4 CITY		ſ-ZIP			
TITLE			☐ DELETE	6.1 TITLE			☐ Change ☐ Addition		
	1			62 NAMI	E	- 1			

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 attacpment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

904.7674117