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PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S69689** **(5)**

1. Corporation Name
CENTRE CAFE, INC.

Principal Place of Business	Mailing Address
421 WEST CHURCH STREET JACKSONVILLE FL 32202	421 WEST CHURCH STREET JACKSONVILLE FL 32202-4173

3. Date Incorporated or Qualified: 07/26/1991
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business	2a. Mailing Address
21 12468 Lydia Woods Court	26 12468 Lydia Woods Court
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Jacksonville Fl.	28 City & State: Jacksonville, Fl.
24 Zip: 32258 25 Country: USA	29 Zip: 32258 30 Country: USA

4. FEI Number: 59-3073966 ☐ 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. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
COINTEPOIX, KATHLEEN L. 421 WEST CHURCH STREET JACKSONVILLE FL 32202	81 Name: Kathleen L. Cointepoix 82 Street Address (P.O. Box Number is Not Acceptable): 12468 Lydia Woods Ct. 83 84 City: Jacksonville FL 85 Zip Code: 32258

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: Kathleen L. Cointepoix
Signature of new or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DST ☐ DELETE	1.1 TITLE	VICE PRESIDENT ☐ Change ☒ Addition
NAME	DIETRICH, MICHAEL	1.2 NAME	Rene A. Cointepoix
STREET ADDRESS	12468 LYDIA WOODS COURT	1.3 STREET ADDRESS	12468 Lydia Woods Ct.
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP	Jacksonville, Fl.
TITLE	DP ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	COINTEPOIX, KATHLEEN L.	2.2 NAME	
STREET ADDRESS	12468 LYDIA WOODS COURT	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

14. I do 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: Kathleen L. Cointepoix
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

01 [illegible]910