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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

JOCUN	1996	· /=\				
. Corporation	MENT # <b>F86078</b> ESTONE CAFE, INC.	3 (5)				
OODDL	COTONE OAI E, INO.					
hindipal Place	of Busness	Mailing Address				
4533 PGA BLVD. PALM BEACH GARDENS FL 33418		4533 PGA BLVD. PALM BEACH GARDENS FL 33418				
				3. Date Incorporated or Qualified 06/21/1982	3a. Date of Last Report 02/06/1995	
t. Principal Piace of Business		2a. Mailing Address		4. FEI Number 59-2198756	Applied For	
T Suite, Apt. ≮	!, etc.	Suite, Apt. #, etc.			Not Applicable  \$8.75 Additional	
l		27		5. Certificate of Status Desired	Fee Required	
City & State		City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees	
Ζφ	Country	Zip	Country	This corporation has liability for in		
	25	29	30	Florida Statutes		
	9. Name and Address of Current	Registered Agent	81 Name	10. Name and Address of New Re	gistered Agent	
WHITE (	CHADICO DI ECO					
WHITE, CHARLES R.L., ESQ. 725 N. A1A SUITE E102 JUPITER FL 33477			82 Street Add	Address (P.O. Box Number is Not Acceptable)		
			83			
		84 City		85 Zip Code		
rursuani (c or registeri	a trie provisions of Sections 607.0502 : ed agent, or both, in the State of Florid	and 607.1508, Florida Statu a. Such change was authori	ites, the above-named corpo- ized by the corporation's boa	ration submits this statement for the purp rd of directors. I hereby accept the appoin	ose of changing its registered officent ntment as registered agent. I am	
tarrii ar Witi	h, and except the obligations of Section	n 607.0505, Florida Stalute	s (m'		1/23/26	
GNATURE :	Signarine, bypord or princed it arise of registered agent a	nd title if applicable (h	VOTE: Registered Agent sunature require	Gwhen reinstatin	DATE	
· · · · · · · · · · · · · · · · · · ·	OFFICERS AND	• • • • • • • • • • • • • • • • • • • •	13.	ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTORS IN 12	
F	DP	☐ DELETE	1. 1 TITLE		☐ Change ☐ Addition	
N	EUCALITTO, FRANK		1.2 NAME			
EET ADORESS	5017 WHISPERING HOLLOW					
	DALM BOU GADDENC EL		1.3 STREET ADDRESS			
	PALM BCH GARDENS FL	C) DELETE	1.4 CITY - ST - ZIP		Change	
F	VP	DELFTE	I		☐ Change ☐ Addition	
F 16		DELFTE	1.4 CITY - ST - ZIP 2 1 TITLE		☐ Change ☐ Addition	
F ME ELT ADDHESS	VP EUCALITTO, GRETCHEN M.	☐ DELFTE	1.4 CITY - ST - ZIP 2 1 TITLE 22 NAME		☐ Change ☐ Addition	
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SIGNATURE:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

20/96 407-627-266 ate Daytine Prone #