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

Apr 27 1998 8:00am **PROFIT** ELORIDA DEPARTMENT DE STATE **CORPORATION** Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS **DOCUMENT #**1. Corporation Name J22328 (5) HARTFORD CAFE, INC. Principal Place of Business Mailing Address C/O WARREN R. CAPLAN C/O WARREN R. CAPLAN 851 TRAFALGAR CT **B51 TRAFALGAR CT** MAITLAND FL 32751 DO NOT WRITE IN THIS SPACE MAITLAND FL 32751 U\$ 3. Date Incorporated or Qualified 07/03/1986 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 21 101 504THHALL LANE 26 101 SOUTHHALL LANE 59-2689994 Not Applicable Suite, Apt. #, etc \$8.75 Additional 8. Certificate of Status Desired Fee Required 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 25 29 30 Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name CAPLAN, WARREN R. **851 TRAFALGAR CT** Street Address (P.O. Box Number is Not Acceptable) SUITE 124 301 MAITHAND CENTER MAITLAND FL 32751 84 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. DELETE TITLE 1 1 TITLE Change ___ Addition CAPLAN, WARREN R. NAME 1.2 NAME **851 TRAFALGAR CT** STREET ADDRESS 1.3 STREET ADDRESS MAITLAND FL CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE TITEF 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY - ST - ZIP 2. 4 CITY-ST-ZIP TITLE DELETE Change Addition 3 1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE 4.1 TITLE Change Addition TITLE NAME 4. 2 NAME STREET ADORESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE TITLE 61 TITLE Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY - ST - ZIP 6.4 City-St-ZiP 14. Thereby 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

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