

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandia B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

J40603

(9)

1. Corporation Name

CITY CAFE, INC.



Principal Place of Business

415 E NEW HAVEN AVE
MELBOURNE FL 32901

Mailing Address

415 E NEW HAVEN AVE
MELBOURNE FL 32901

2. Principal Place of Business

2a. Mailing Address

21

State, Apt. #, etc.

26

State, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

MOSS, JOEL S., ESQUIRE
47 W NEW HAVEN AVE STE 200
MELBOURNE FL 32901

3. Date Incorporated or Qualified

10/30/1986

3a. Date of Last Report

05/01/1995

4. FEI Number

59-2755068

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

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. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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 607.0503, Florida Statutes.

SIGNATURE

Signature of the person who is the registered agent or the person who is the registered agent's representative

Signature of the person who is the registered agent or the person who is the registered agent's representative

DATE

12.

OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

PD
PATSON, JOHN A.
415 E NEW HAVEN AVE
MELBOURNE FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

STD
PATSON, VIOLA M.
415 E NEW HAVEN AVE
MELBOURNE FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

VPD
PATSON, JOHN P.
415 E NEW HAVEN AVE
MELBOURNE FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

TITLE
NAME
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CITY-STATE-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY-STATE-ZIP

☐ Change ☐ Addition

5. TITLE
6. NAME
7. STREET ADDRESS
8. CITY-STATE-ZIP

☐ Change ☐ Addition

9. TITLE
10. NAME
11. STREET ADDRESS
12. CITY-STATE-ZIP

☐ Change ☐ Addition

13. TITLE
14. NAME
15. STREET ADDRESS
16. CITY-STATE-ZIP

☐ Change ☐ Addition

17. TITLE
18. NAME
19. STREET ADDRESS
20. CITY-STATE-ZIP

☐ Change ☐ Addition

21. TITLE
22. NAME
23. STREET ADDRESS
24. CITY-STATE-ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 on the record 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.

Viola M. Patson STD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/96 (407) 225-1355
Date Printed

CR2E034 (12/95)