SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 13 AM 8:18

DOCUMENT # **J66919** **(8)**

1. Corporation Name
CAFE CREOLE, INC.

Principal Place of Business	Mailing Address
% MICHAEL D. LABARBERA 1907 WEST KENNEDY BLVD TAMPA FL 33606	% MICHAEL D. LABARBERA 1907 WEST KENNEDY BLVD TAMPA FL 33606

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/06/1987
3a. Date of Last Report: 05/20/1994
4. FEI Number: 59-2801885 ☐ 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
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

LABARBERA, MICHAEL D.
1907 WEST KENNEDY BLVD
TAMPA FL 33606

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 607.1508, 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P/T	11 TITLE	P	☐ Change ☐ Addition
NAME	~~D'AVANZA, ANTHONY R. SR.~~	12 NAME	Anthony R. D'Avanza, Jr.	
STREET ADDRESS	~~2709 FOUNTAIN BLVD~~	13 STREET ADDRESS	2709 Fountain Blvd.	
CITY-ST-ZIP	~~TAMPA FL~~	14 CITY-ST-ZIP	Tampa, Florida	
TITLE	VP	21 TITLE	VP/D/Tr	☐ Change ☐ Addition
NAME	~~D'AVANZA, ANTHONY R. JR.~~	22 NAME	Anthony R. D'Avanza, Sr.	
STREET ADDRESS	~~507 MERRIN ST~~	23 STREET ADDRESS	2709 Fountain Blvd.	
CITY-ST-ZIP	~~PLANT CITY FL~~	24 CITY-ST-ZIP	Tampa, Florida	
TITLE	S	31 TITLE	S	☐ Change ☐ Addition
NAME	~~PIPPIN-D'AVANZA, PATTYE~~	32 NAME	Pattye Pippin-D'Avanza	
STREET ADDRESS	~~3807 ESPALANADE CT~~	33 STREET ADDRESS	2709 Fountain Blvd.	
CITY-ST-ZIP	~~TAMPA FL~~	34 CITY-ST-ZIP	Tampa, Florida	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

CR2E034 (3/95)

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)(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: Anthony R. D'Avanza Jr. 6/9/95
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR (Date) Daytime Phone #

0000007 CP