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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED May 08, 1999 8:00 am Secretary of State

05-08-1999 90001 001 ***158.75

DOCUMENT # L22571

1. Corporation Name

WILDFLOWER CAFE, INC.

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Principal Place	of Business	Mailing Address	5			1					
3960 A1A SOUT	H. Suite 13	1093 A1A BEACH	H BLVD								
E STE 111			CI 00004			- 1	DO NOT MOITE IN THE SPACE				
ST. AUGUSTINE FL 32084 ST AUGUSTINE FL 32084			FL 32084			a Data Inc	DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed				
US		03				10/12/		u		,	
			lean a			4. FEI Nun			Δη	plied For	
<u> </u>	ace of Business	2a. Mailing Add	iress			59-297			_ 	t Applicable	
21	14 _4_	26 Suita Ant 4	t oto			39 291	0732			Additional	
Suite, Apt. #, etc.			Suite, Apt. #, etc.			Certifcat	e of Status Desired	X	Fee Re	I	
City & State		City & State				C Floation	Campaign Financing		\$5.00	May Ro	
└	•	28	•			1	nd Contribution	, \Box	Added:		
Zip	Country	Zip		Country			poration owes the cu	rrent vear Int	angible		
24	25	29	30				Property Tax.	in one your inv	Yes	⊠No	
²⁴ 1	9. Name and Address of Curren					 	nd Address of New	Registered	Agent	,	1
	5, Hame 21/2 / 10-21/2 / 1			81	Name						
VINC	ENT, JAMES				A	- /D O D - /	I in black frame.				
	A1A BEACH BLVD, STE 111			82	Street A	ddress (P.O. Box I	Number is Not Accep	otable)			
ST AI	UGUSTINE FL 32084			83							
,											
				84	City			FL	85 Zip	Code	
11. Pursuant t	to the provisions of Sections 607.050	2 and 607 1508 Flor	rida Statutes ti	he above	l e-named c	omoration submits	this statement for the	ne purpose of	changing its	registered	
i office or re	anistered agent or both in the State	of Florida, Such chai	nge was autho	rized by	the corpor	ation's board of di	rectors. I hereby acc	ept the appoi	ntment as re	gistered	
agent. I ar	n familiar with, and accept the obligation	tions of, Section 607	.0505, Florida	Statutes	•						
SIGNATURE											
OIGHT CITE	Clanature typed as existed same of conjetored appr	ot and title if applicable	(NOTE: Regi	istered Acen	nt signature rec	uired when reinstating)		DATE			بر ا
	Signature, typed or printed name of registered agen		(NOTE: Regi	<u>_</u>	nt signature rec	quired when reinstating)	NS/CHANGES TO C		ID DIRECTO	DRS IN 12	6
12.		ID DIRECTORS		13.	nt signature rec		NS/CHANGES TO C		ID DIRECTO	DRS IN 12	(41,08)
12.	OFFICERS AN	ID DIRECTORS		13.	nt signature rec		NS/CHANGES TO C				2
12. TITLE NAME	P VINCENT, JAMES	ID DIRECTORS		13. 1.1 TITLE 12 NAME			NS/CHANGES TO C				2
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64 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

26/99 904269913