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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #	$I \cap E A + O$
DOCOMENT #	1 90417
4. Composition Name	

Corporation Name

MEGA BITE CAFE, INC.

Principal Place	e of Business	Mailing Address		1 10011611 010 (010) 01311 0100 11010 11010	ter Armie mider ander ander dider same	
1650 MCNAB ROAD 1650 MCNAB ROAD						
FORT LAUDERDALE FL 33309 FORT LAUDERDALE FL 33309		55.467.4675.417.				
US		l .	DO NOT WRITE IN THIS SPACE			
]				3. Date Incorporated or Qualifed 08/23/1990		
2. Principal P.	lace of Business	2a. Mailing Address		4, FEI Number	Applied For	
21		26		65-0211318	Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc		5. Certificate of Status Desired []	\$8.75 Additional	
22		27		5. Certificate of Status Desired	Fee Required	
City & State	e	City & State		6. Election Campaign Financing	\$5.00 May Be	
23		[28]		Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Country	This corporation owes the current year		
24	25	29 3	0]	Personal Property Tax	[ˈ]Yes [No	
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Register	ed Agent	
200	OODDIO MICHEAL		81 Name			
	GGRDIO, MICHEAL		82 Street A	Address (P.O. Box Number is Not Acceptable)	ress (P.O. Box Number is Not Acceptable)	
	17 LAKEVIEW DRIVE		L			
LOR	AL SPRINGS FL 33071		83			
			84 City		. 85 Zip Code	
			04 011	F	L 00 14 0000	
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 r	egistered agent, or both, in the State c im familiar with, and accept the obligati	ons of, Section 607.0505, Floric	norized by the corpo la Statutes	ration's board of directors. Thereby accept the ap-	pomiment as registered	
SIGNATURE						
SIGNATURE	Signature, typed or printed name of registered agent	and tile it appearable (NOTE R	rystered Agent signature re			
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	,	
TITLE	PD	W i DELETÉ	1.1 Dit.E	THE DELCAPPION	[Johange [Addition	
NAME	BUCHHORST, ROSARIO		1.2 NAME	MICHAIL DECONDORN	!	
STREET ADDRESS	3910 NORTHEAST 1ST AVE.		1.3 STREET ADDRESS	1/2/7 INKOVE F/ 3	3071	
CITY-ST-ZIP	FORT LAUDERDALE FL	. /	14 CITY - ST - 71P	MICHAEL DELGAROID 11217 Lakeview Orkin Coral Springs FL. 3.		
tiπ.€	VP	T. DELETE	2 1 TITLE		[Change	
NAME	MICHAEL DELGARDIO		2.2 NAME			
STREET ADDRESS	11217 LAKEVIEW DRIVE		2.3 STREET ADDRESS	and the same and the	manager me	
CITY-ST-ZIP	CORAL SPRINGS FL		2 4 CITY-ST-ZIP	90000276 -92/08/93		
TITLE		[] DELETE	3 1 TITC€	-02/03/93-	-UIIIIAhdhger-UIIIAddition	
NAME			3.2 NAME	非米米第15日。日	0 ****158.00	
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CITY-ST-ZIP			34 City-ST-ZiP			
TITLE		[] DELETE	4 1 TITLE		[Change [Addition	
NAME			4 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY - ST - ZIF			
TITLE		[] DELETE	51TITLE		[Change	
NAME			5.2 NAME	<u> </u>	D	
STREET ADDRESS			53 STREET ADDRESS	_	Ͻ () _ (\((\begin{align*} \alpha \equiv \) \(\alpha \equiv \alpha \equiv \equiv \\ \alpha \equiv \equiv \qq \qq \qq \qq \q	
CITY-ST-ZIP			5.4 CiTY+ST+ZiF		1701-1	
TITLE		[]DELETE	€ 1 Till LE		Change [] Addition	
NAME	1		6.2 NAME		*	
STREET ADDRESS			€3 STRELL ADDIRESS			
	1					

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 que and accurate and that my signature shall have the same fixed effect as if made under oath; that I am an officer or director of the corporation or the receiver of 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:

SNATURE AND TYPE OF PRINTED NAME OF AGNING OFFICER OR DIRECTOR

06/99 (954)9

99 JUL 22 FILL: 6.1

- SeCon using OF STAT. TALLABORSER, FLOSION

(954) 9752127