FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY 16 AM 8:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000003936 (2)

1. Corporation Name

CAFE JOSHUA, INC.

Principal Place of Business	Mailing Address
6895 VILLAS DRIVE SOUTH BOCA RATON FL 33433	6895 VILLAS DRIVE SOUTH BOCA RATON FL 33433

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/30/1993
3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0438392 ☐ 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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 414 7TH STREET	26 PO BOX 3253
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 —
City & State 23 WEST PALM BEACH, FLORIDA	City & State 28 WEST PALM BEACH FLORIDA
Zip / Country 24 33401 / 25 USA	Zip / Country 29 33402- / 30 USA

9. Name and Address of Current Registered Agent

GAMARANO, JOSEPH F JR.
6895 VILLAS DRIVE SOUTH
BOCA RATON FL 33433

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City FL 35 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 the # applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE P/D	BOB BOXOLD	☐ Change ☑ Addition
NAME	MALFITANO, CHRIS	12 NAME		
STREET ADDRESS	963 EVE STREET	13 STREET ADDRESS	102 MALLARD COURT	
CITY-ST-ZIP	DELRAY BEACH FL 33483	14 CITY-ST-ZIP	ROYAL PALM BEACH, FLORIDA 33411	
TITLE	D	21 TITLE S/D	JEFF HIRSCHBERG	☑ Change ☐ Addition
NAME	HIRSCHBERG, JEFF	22 NAME		
STREET ADDRESS	945 CLINT MOORE ROAD	23 STREET ADDRESS	945 CLINT MOORE ROAD	
CITY-ST-ZIP	BOCA RATON FL	24 CITY-ST-ZIP	BOCA RATON, FLORIDA 33487	
TITLE	D	31 TITLE V/D	HOWARD CAWEIN	☑ Change ☐ Addition
NAME	CAWEIN, HOWARD	32 NAME		
STREET ADDRESS	700 N.E. 93RD STREET	33 STREET ADDRESS	700 N.E. 93RD ST.	
CITY-ST-ZIP	MIAMI SHORES FL 33138	34 CITY-ST-ZIP	MIAMI SHORES, FLORIDA 33138	
TITLE	D	41 TITLE EX/D	EXECUTIVE DIRECTOR	☑ Change ☐ Addition
NAME	GAMARANO, JOSEPH F JR	42 NAME	[illegible]	
STREET ADDRESS	6895 VILLAS DRIVE SOUTH	43 STREET ADDRESS	6895 VILLAS DRIVE SOUTH	
CITY-ST-ZIP	BOCA RATON FL 33433	44 CITY-ST-ZIP	BOCA RATON, FLORIDA 33433	
TITLE	D	51 TITLE T/D	THERESA CAMPBELL	☐ Change ☑ Addition
NAME	RINDLER, RON	52 NAME		
STREET ADDRESS	724 N.E. 71ST STREET	53 STREET ADDRESS	630 OCEAN DRIVE #205	
CITY-ST-ZIP	BOCA RATON FL	54 CITY-ST-ZIP	JUNO BEACH, FLORIDA 33408	
TITLE	D	61 TITLE D	RON RINDLER	☐ Change ☐ Addition
NAME	LYNN, TERRY	62 NAME		
STREET ADDRESS	6533 LAS FLORES DRIVE	63 STREET ADDRESS	724 NE 71ST ST.	
CITY-ST-ZIP	BOCA RATON FL 33433	64 CITY-ST-ZIP	BOCA RATON, FLORIDA 33487	

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Joseph F Gamarano Jr. JOSEPH F. GAMARANO JR. 5/10/95 407-391-4048
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0040675