NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # N9300003936 (2)					
CAFE JOSHUA, INC.					
ONIL	oostoa, iiio.			F (\$\$\$)(\$) \$10 (\$10\$ HILL BELL BELL BELL BOOK &	
Principal Place	e of Business	Mailing Address	·		9100 1144E 101EE 11110 0114 1801
414 7TH STREET P.O. BOX 3253					
WEST PALM BEACH FL 33401 WEST PALM BE		WEST PALM BEACH FL	33402		
US		US		Date Incorporated or Qualified 3a. Di	
					ate of Last Report 05/16/1995
Principal Place of Business 2a. Mailing Address			4. FEI Number	Applied For	
21		26		65-0438392	Not Applicable
		Suite, Apt. #, etc.		E. Codificate of Ctatus Desired	\$8.75 Additional
		27		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23 Zip	Country	28 Zip	Counts	Trust Fund Contribution	Added to Fees
24	25	2·p	Country 30	8. This corporation has liability for intangible to	
	9. Name and Address of Current	1=-1	[30]	10. Name and Address of New Registered	1
81 Name					
GAMARANO, JOSEPH F JR.			82 Street	Address (P.O. Box Number is Not Acceptable)	
6895 VILLAS DRIVE SOUTH			UZ Street	Address (F.O. Dox Nortiber is Not Addeptable)	
BOCA RATON FL 33433			83		
			84 City		85 Zip Code
44 0			1 1	FL	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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					
tarrillar wi	th, and accept the obligations of, Section	on 617.0503, Florida Statutes.		, , , , , ,	
SIGNATURE .	Signature, typed or printed hame of registered agent a	and little if applicable (NOT	E: Registered Agent signature	required when reinslating) DATE	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12
TITLE	D MALEITANIO CUIDIO	DELETE	1.1 TITLE	P/D	Change Addition
NAME	MALFITANO, CHRIS 963 EVE STREET		1.2 NAME	MALFITANO, CHRIS 2723 ARECA PALM ROAD	· •
STREET ADDRESS	DELRAY BEACH FL 33483		1.3 STREET ADDRESS	BOCA RATON, FL 33432	
CITY-ST-ZIP TITLE	SD SD	DELETE	1.4 CITY - ST - ZIP	1	
NAME	HIRSCHBERG, JEFF	Detere	21 TIFLE	VID TERM	☐ Change Addition
STREET ADDRESS	945 CLINT MOORE ROAD		2 2 NAME 2 3 STREET ADDRESS	BOZARTH, TEPFY 2007 20 TH LANE	
CITY-ST-ZIP	BOCA RATON FL		2 4 CITY-S1-ZIP	PALM BEACH GARDENS FL	33418
TITLE	VD	DELETE	31 THLE		Change
NAME	CAWEIN, HOWARD		3.2 NAME	CAWEIN. HOWARD	A
STREET ADDRESS	700 N.E. 93RD STREET		3.3 STREET ADDRESS	700 NE 9340 STREET	
CITY-ST-ZIP	MIAMI SHORES FL		34. CITY-ST-ZIP	MIAMI SHORES, FL	33138
TITLE	ED LOSERY 5 IO	DELETE	4.1 TITLE		Change Addition
NAME	Gamarano, Joseph F Jr 6895 Villas Drive South		4 2 NAME		
STREET ADDRESS	BOCA RATON FL		4.3 STREET ADORESS		
CITY-ST-ZIP TITLE	D DOCK HATON FL	MOEI ETE	4.4 CITY - ST - ZIP	_1	
NAME	RINDLER, RON	DELETE	51 TITLE		Criange Addition
STREET ADDRESS	724 N.E. 71ST STREET		5.3 STREET ADORESS	FRAWLEY, GEORGE 2667 NORTH OCEAN BLND I	-507
CITY-ST-ZIP	BOCA RATON FL	_	5.3 STREET ADUNESS 5.4 CITY-ST-ZIP	BOCA RATON, FL 33431	• •
TITLE	D	DELETE	6 1 TITLE		Change Addition
NAME	LYNN, TERRY		62 NAME	ROYOLD COBELET	country
STREET ADDRESS	6533 LAS FLORES DRIVE		6.3 STREET ADDRESS	102 MALLARD COURS	ļ
CITY-ST-ZIP	BOCA RATON FL 33433		6.4 CITY - ST - ZIP	ROYAL PALM BLOCK, FL	33411
will be a beautiful	The state of the s	to the state of th		• • • • • • • • • • • • • • • • • • • •	

4. 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 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:

SIGNATURE ON TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1)29 96 (407)832-5446

CR2E037 (12/95)