


FILE NOW: FILING FEE IS \$61.25

FILED

Jun 05 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <i>N93000003936</i>			
1. Corporation Name CAFE JOSHUA INC.			
Principal Place of Business 414 7TH STREET WEST PALM BEACH FL 33401		Mailing Address P.O. Box 3253 WEST PALM BEACH FL 33402	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country	
3. Date Incorporated or Qualified 08/30/1993		3a. Date of Last Report 04/29/1996	
4. FEI Number 65-0438392		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
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 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 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 familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.			
SIGNATURE <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE VD <input checked="" type="checkbox"/> DELETE NAME CAWEIN, HOWARD STREET ADDRESS 700 N.E. 93RD STREET CITY-ST-ZIP MIAMI SHORES FL.		1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	
TITLE T/D <input checked="" type="checkbox"/> DELETE NAME FRAWLEY, GEORGE STREET ADDRESS 2667 NORTH OCEAN BLVD. CITY-ST-ZIP BOCA RATON FL. 33431		2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 400002209674 2.3 STREET ADDRESS -06/12/97-01002-033 2.4 CITY-ST-ZIP ***61.25	
TITLE T/D <input type="checkbox"/> DELETE NAME KEVILL, THOMAS STREET ADDRESS 912 ALAMANDA DRIVE CITY-ST-ZIP NORTH PALM BEACH FL 33408		3.1 TITLE <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3.2 NAME KEVILL, THOMAS 3.3 STREET ADDRESS 912 ALAMANDA DRIVE 3.4 CITY-ST-ZIP NORTH PALM BEACH FL. 33408	
TITLE V/D <input checked="" type="checkbox"/> DELETE NAME BOZARTH, TERRY STREET ADDRESS 2007 20TH LANE CITY-ST-ZIP PALM BEACH GARDENS FL. 33418		4.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME D BOZARTH TERRY 4.3 STREET ADDRESS 2007-20TH LANE 4.4 CITY-ST-ZIP PALM BEACH GARDENS FL. 33418	
TITLE V/D <input type="checkbox"/> DELETE NAME PRUITT, ALLISON STREET ADDRESS 349 GRENADA ROAD CITY-ST-ZIP WEST PALM BEACH FL. 33401		5.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 5.2 NAME PRUITT, ALLISON 5.3 STREET ADDRESS 349 GRENADA ROAD 5.4 CITY-ST-ZIP WEST PALM BEACH FL. 33401	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	
14. I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.			
SIGNATURE: <i>Thomas Kevill</i> Thomas Kevill <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		5/6/97 (561) 832-5446 <small>Date Daytime Phone #</small>	

CR2E037 (9/96)