

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 14 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N93000003936 (2)**

1. Corporation Name

**CAFE JOSHUA, INC.**



Principal Place of Business <b>414 7TH STREET WEST PALM BEACH FL 33401 US</b>		Mailing Address <b>P.O. BOX 3253 WEST PALM BEACH FL 33402 US</b>		3. Date Incorporated or Qualified <b>08/30/1993</b>	
				4. FEI Number <b>65-0438392</b>	
				Applied For <input type="checkbox"/> Not Applicable	
2. Principal Place of Business <b>21</b>		2a. Mailing Address <b>26</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
22 City & State		27 City & State		7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
23 Zip		28 Zip		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
Country		Country			
24		29		30	

9. Name and Address of Current Registered Agent <b>GAMARANO, JOSEPH F JR. 6895 VILLAS DRIVE SOUTH BOCA RATON FL 33433</b>		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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	TD	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	P/D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KEVILL, THOMAS			1.2 NAME	Pruitt, Alison		
STREET ADDRESS	912 ALAMANDA DRIVE			1.3 STREET ADDRESS	349 Granada Road		
CITY-ST-ZIP	NORTH PALM BEACH FL 33408			1.4 CITY-ST-ZIP	West Palm Beach, FL 33401		
TITLE	VD	<input type="checkbox"/> DELETE		2.1 TITLE	V/D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	PRUITT, ALLISON			2.2 NAME	Roth, Barbara		
STREET ADDRESS	349 GRENADA ROAD			2.3 STREET ADDRESS	95 Cypress Avenue		
CITY-ST-ZIP	WEST PALM BEACH FL 33401			2.4 CITY-ST-ZIP	West Palm Beach, FL 33415		
TITLE	D	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	T/D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	BOZARTH, TERRY			3.2 NAME	Kelter, Jerry		
STREET ADDRESS	2007-20TH LANE			3.3 STREET ADDRESS	5644 High Flyer Road East		
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418			3.4 CITY-ST-ZIP	Palm Beach Gardens, FL 33418		
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	S/D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME				4.2 NAME	Sternstein, Gail		
STREET ADDRESS				4.3 STREET ADDRESS	6953 Cypress Cove Circle		
CITY-ST-ZIP				4.4 CITY-ST-ZIP	Jupiter, FL 33458		
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 118.07(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.** 4/16/98 561-832-5446

CR2037 (10/97)