

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

APPROVED  
AND  
FILED

95 MAY -1 PM 4:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Jan 1995  
Secretary of State  
DIVISION OF CORPORATIONS

1. Corporation Name  
**Cafe Del Mar, Inc.**

DOCUMENT #  
**P93000002874**

Mailing Address: **244 S. Ocean Blvd.  
Manalapan, Fl. 33462**

Principal Place of Business:

DO NOT WRITE IN THIS SPACE

2. Mailing Address  
21 State, Apt. #, etc.  
22 City & State  
23 Zip Country

25. Principal Place of Business  
26 State, Apt. #, etc.  
27 City & State  
28 Zip Country

3. Date Incorporated or Qualified  
**1/12/93**

3a. Date of Last Report  
**4/94**

4. FEI Number  
**65-0377347**

5. Certificate of Status Desired  
**\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution

7. Nonprofit Exempt from \$100.75 Supplemental Fee

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**John Vitrano  
1099 S. Atlantic Dr.  
Lantana, Fl. 33462**

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

I, pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1308, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, as 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 or 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
(If Signature Agent Accepting Appointment) (NOTE: Registered Agent signature required when necessary)

12. OFFICERS AND DIRECTORS		13. CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE <b>President</b>	2. NAME <b>John Vitrano</b>	1.1 TITLE	
3. STREET ADDRESS <b>1099 S. Atlantic Dr.</b>	4. CITY - ST - ZIP <b>Lantana, Fl. 33462</b>	1.2 NAME	
5. TITLE <b>Secy/Treas</b>	6. NAME <b>Mary E. Vitrano</b>	1.3 STREET ADDRESS	
7. STREET ADDRESS <b>1099 S. Atlantic Dr.</b>	8. CITY - ST - ZIP <b>Lantana, Fl. 33462</b>	1.4 CITY - ST - ZIP	
9. TITLE		2.1 TITLE	
10. NAME		2.2 NAME	
11. STREET ADDRESS		2.3 STREET ADDRESS	
12. CITY - ST - ZIP		2.4 CITY - ST - ZIP	
13. TITLE		3.1 TITLE	
14. NAME		3.2 NAME	
15. STREET ADDRESS		3.3 STREET ADDRESS	
16. CITY - ST - ZIP		3.4 CITY - ST - ZIP	
17. TITLE		4.1 TITLE	
18. NAME		4.2 NAME	
19. STREET ADDRESS		4.3 STREET ADDRESS	
20. CITY - ST - ZIP		4.4 CITY - ST - ZIP	
21. TITLE		5.1 TITLE	
22. NAME		5.2 NAME	
23. STREET ADDRESS		5.3 STREET ADDRESS	
24. CITY - ST - ZIP		5.4 CITY - ST - ZIP	
25. TITLE		6.1 TITLE	
26. NAME		6.2 NAME	
27. STREET ADDRESS		6.3 STREET ADDRESS	
28. CITY - ST - ZIP		6.4 CITY - ST - ZIP	

500001484295  
-05/11/95--01078--012  
\*\*\*\*200,00 \*\*\*\*2000,00

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 110.07(3)(a), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 110.07(3)(a) in the event that the information supplied is deemed exempt from public access. 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 have fulfilled all obligations concerning unclaimed property imposed by Chapter 717, Florida Statutes; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607 or 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: *Mary E. Vitrano* MARY E. VITRANO 5/1/95 4075472233  
SIGNATURE OF TREASURER OR PRINTED NAME OF DIRECTOR OR OTHER OFFICER