

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000015971 (3)

1. Corporation Name

MAUREEN'S CAFE, INC.



Principal Place of Business

9940 GRIFFEN RD.
COOPER CITY FL 33328

Mailing Address

9940 GRIFFEN RD.
COOPER CITY FL 33328

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

28 Zip

24 Country

29 Country

30 Country

3. Date Incorporated or Qualified
03/02/1993

3a. Date of Last Report
05/11/1995

4. FEI Number
65-0417994

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

9. Name and Address of Current Registered Agent

**ZIPKIN, SHELDON
2020 N.E. 163RD STREET
SUITE 300
NORTH MIAMI BEACH FL 33162**

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 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

Signature typed or printed. Name of signing officer or director to be used for service of process

(NOTE: Registered Agent signature is required when changing address)

DATE

12. OFFICERS AND DIRECTORS

| | | 13. | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
|----------------|--------------------------------------|---------------------------------|---|
| TITLE | DP LARIVEE, MAUREEN | <input type="checkbox"/> DELETE | 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP |
| NAME | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | 9940 GRIFFEN RD. | | |
| CITY-ST-ZIP | COOPER CITY FL 33328 | | |
| TITLE | | <input type="checkbox"/> DELETE | 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP |
| NAME | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> DELETE | 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP |
| NAME | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> DELETE | 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP |
| NAME | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> DELETE | 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP |
| NAME | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> DELETE | 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP |
| NAME | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |

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)(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 (or longer) or on an attachment with my address.

SIGNATURE:

Maureen Larivee

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MAUREEN LARIVEE

6/6/96

Date

434-9245

Office Phone #

CR2E034 (12/95)