## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

P93000033449 (8)

PAIVA'S GARDEN CAFE INC.

Principal Place of Business

Mailing Address

## FILED Mar 25 1998 8:00am Secretary of State



| 14041 ELLESM<br>TAMPA FL 336  |                        | 14041 ELLESMERE DRIVE<br>TAMPA FL 33624 |                      | DO NOT WRITE IN THIS  | S SPACE                           |
|---|------------------------|---|----------------------|---|-----------------------------------|
|   |                        |   |                      | 3. Date Incorporated or Qualified   |                                   |
|   |                        |   |                      | 05/07/1993  |                                   |
|   | ace of Business        | 2a. Mailing Address                     | LOS DAG              | 4, FEI Number   | Applied For                       |
| 21 3109   | <u>  W, M,C,V, ~  </u> |   | HERE LH              | XL DAX 59-3181389   | Not Applicable                    |
| Suite, Apt.   |                        | Suite, Apt. #, etc.                     |                      | 5. Certificate of Status Desired  | \$8.75 Additional<br>Fee Required |
| 40  | MPA, FC                | City & State                            | FC.                  | Election Campaign Financing     Trust Fund Contribution   | \$5.00 May Be<br>Added to Fees    |
| Zip<br>24 334   | Country 25 HICLS       |   | O HILLS              | This corporation owes or has paid the or<br>Personal Property Tax due June 30.                                  | Yes □ No                          |
| Name and Address of Current Registered Agent     10. Name and Address of New Registered Agent   |                        |   |                      |   |                                   |
|   | va, James L            |   | 61 Name              |   |                                   |
| 14041 ELLESMERE DRIVE<br>FAMPA FL 33624   |                        |   |                      | dress (P.O. Box Number is Not Acceptable)   |                                   |
|   |                        |   | 83                   |   |                                   |
|   |                        |   | 84 City              | F   | 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. It be obligations 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 printing-that of oil organized agent and title if applicable (NOTE Registered Agent signalure required when reinstalling)  DATE  |                        |   |                      |   |                                   |
| 12.   |                        | AND DIRECTORS                           | 13.                  | ADDITIONS/CHANGES TO OFFICERS AN  | ID DIRECTORS IN 12                |
| TITLE   | RD )                   | DELETE                                  | 1.1 TITLE            |   | Change Addition                   |
| NAME  | PANA, JAMES L.         |   | 1.2 NAME             |   |                                   |
| STREET ADDRESS  | 14041 ELLESMERE DR     |   | 1.3 STREET ADDRESS   |   |                                   |
| CITY-ST-ZIP   | TAMPA FL               |   | 1.4 CITY-ST-ZIP      |   |                                   |
| TITLE   | 8                      | ☐ DELE <b>TE</b>                        | 2.1 THILE            | 6 60  | Change Addition                   |
| NAME  | NENNO, JOY HELEN       |   | 2.2 NAME             | in the second |                                   |
| STREET ADDRESS  | 7939 WOODGROVE CIRC    | LE                                      | 2.3 STREET ADDRESS   |   |                                   |
| CITY-ST-ZIP   | TAMPA FL               |   | 2. 4 CITY - ST - ZIP |   |                                   |
| TITLE   |                        | ☐ DELETE                                | 3.1 TITLE            |   | Change Addition                   |
| NAME  |                        |   | 3.2 NAME             |   |                                   |
| STREET ADDRESS  |                        |   | 3.3 STREET ADDRESS   |   |                                   |
| CITY - ST - ZIP   |                        |   | 3.4. CITY-ST-ZIP     |   | T Occurs T Address                |
| TITLE   |                        | LJ DELETE                               | 4.1 TITLE            |   | ☐ Change ☐ Addition               |
| NAME  |                        |   | 4. 2 NAME            |   |                                   |
| STREET ADDRESS  |                        |   | 4.3 STREET ADDRESS   |   |                                   |
| CITY-ST-ZIP   |                        | DELETE                                  | 4.4 CITY-ST-ZIP      |   | Change Addition                   |
| TITLE   |                        | [ ] DECEIE                              | 5.1 TITLE            |   | T cusulae T vanition              |
| NAME  |                        |   | 5.2 NAME             |   |                                   |
| STREET ADDRESS  | #                      |   | 5.3 STREET ADDRESS   |   |                                   |
| CITY-ST-ZIP   |                        | DELETE                                  | 5.4 CITY - ST - ZIP  |   | Change Addition                   |
| TITLE   |                        | - Ottele                                | 6.1 TITLE            |   | C Stignings C Addition            |
| NAME  |                        |   | 6.2 NAME             |   |                                   |
| STREET ADDRESS  |                        |   | 6.3 STREET ADDRESS   |   |                                   |
| CITY-ST-ZIP   |                        |   | 6.4 CITY-ST-ZIP      | in Continu 119 07/9Vi) Elected Statutos I further of  | artific that the information      |

4. I 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 suppliemental 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 of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if dyanged, or on an attachment with an address.

Marian Line

1-2-98

P13-270-3150