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 # **P93000067051 (1)**

1. Corporation Name

HIDDEN BROOK CAFE, INC.

Principal Place of Business

601 SOUTH FEDERAL HIGHWAY
BOYNTON BEACH FL 33435
US

Mailing Address

5951 PARKWALK CIRCLE WEST
BOYNTON BEACH FL 33437

3. Date Incorporated or Qualified: **09/21/1993**

3a. Date of Last Report: **03/03/1995**

4. FEI Number: **65-0441231** ☐ 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

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

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent

MAZZOCCHI, THOMAS O
5951 PARKWALK CIRCLE WEST
BOYNTON BEACH FL 33437

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 Section 607.0502 and 607.1503, 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 _____ DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	MAZZOCCHI, THOMAS O		12 NAME	
STREET ADDRESS	5951 PARKWALK CIRCLE WEST		13 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH FL 33437		14 CITY ST ZIP	
TITLE	D	☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	MAZZOCCHI, JANE E		22 NAME	
STREET ADDRESS	5951 PARKWALK CIRCLE WEST		23 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH FL 33437		24 CITY ST ZIP	
TITLE	D	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME	MAZZOCCHI, ANTHONY J		32 NAME	
STREET ADDRESS	5951 PARKWALK CIRCLE WEST		33 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH FL 33437		34 CITY ST ZIP	
TITLE	D	☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME	MAZZOCCHI, ELLEN		42 NAME	
STREET ADDRESS	5951 PARKWALK CIRCLE WEST		43 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH FL 33437		44 CITY ST ZIP	
TITLE		☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME			52 NAME	
STREET ADDRESS			53 STREET ADDRESS	
CITY-ST-ZIP			54 CITY ST ZIP	
TITLE		☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME			62 NAME	
STREET ADDRESS			63 STREET ADDRESS	
CITY-ST-ZIP			64 CITY ST ZIP	

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this report is valid only for 1996 and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 if changed, or on an attachment with an address.

SIGNATURE: Jane Mazzocchi Jane Mazzocchi 3/14/96 401 737 9413
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Daytime Phone #