

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 # P93000074260 (9)

1. Corporation Name
CAFFE BECCA, INC.



Principal Place of Business

**C/O PORTER, WRIGHT, MORRIS & ARTHUR
4501 TAMiami TRAIL N SUITE 400
NAPLES FL 33940**

Mailing Address

**C/O PORTER, WRIGHT, MORRIS & ARTHUR
4501 TAMiami TRAIL N SUITE 400
NAPLES FL 33940**

3. Date Incorporated or Qualified **10/15/1993** 3a. Date of Last Report **05/01/1995**

2. Principal Place of Business

21

Suite, Apt. #, etc

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc

27

City & State

28

Zip

Country

29

Zip

30

Country

4. FEI Number
65-0448187

Apply
Not Applicable

5. Certificate of Status Desired ☐

\$9.75 Addi
Fee Requir

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May
Added to Fc

7. This corporation has liability for intangible tax under s. 199.0
Florida Statutes ☐ Yes ☐ No

8. Name and Address of Current Registered Agent

**WILSON, GARY K
4501 TAMiami TRAIL N
SUITE 400
NAPLES FL 33940**

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 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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and date of appointment

(Note: Registered Agent signature is required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DP** ☐ DELETE
NAME **HENN, ROBERTA**
STREET ADDRESS **2560 HAMPTONS RUN**
CITY-STATE-ZIP **ALPHARETTA GA**

TITLE **DT** ☐ DELETE
NAME **DJULIO, BRIAN**
STREET ADDRESS **4000 COLUMBIA CENTER**
CITY-STATE-ZIP **SEATTLE WA**

TITLE **DVPS** ☐ DELETE
NAME **HENN, STEVEN**
STREET ADDRESS **2560 HAMPTONS RUN**
CITY-STATE-ZIP **ALPHARETTA GA**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN

1.1 TITLE ☐ Change ☐
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

200001847052
-06/03/96--01017--026
*****200.00**

ce A. 1996

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 in 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: *Roberta K. Henn* - **ROBERTA HENN**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR