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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P93000074260 (9)

CAFFE BECCA, INC.

FILED May 08 1997 8:00am Secretary of State

Principal Place of Business Mailing Address C/O PORTER, WRIGHT, MORRIS & ARTHUR 4501 TAMIAMI TRAIL N SUITE 400 NAPLES FL 33940 Mailing Address C/O PORTER, WRIGHT, MOR 4501 TAMIAMI TRAIL N SUITE NAPLES FL 34103-3013				IORRIS & A UITE 400	RTHU	ir		3. Date Incorporated or Qualified 10/15/1993 3a. Date of Last Report 05/01/1996				
2. Principal	Place of Business	2a, Mailing /	Address				4. FEI Number		00/0		Applied For	
21		26					65-0448187	7			lot Applicable	
Suite Ap	it. #, etc		ot #, etc.				5. Certificate of St	atus Desired			Additional Required	
22 City & St	ate	27 City & St	ate	· · · · · · · · · · · · · · · · · · ·			6. Election Campa	nian Eleppoina			May Be	
23		28					Trust Fund Con	-			I to Fees	
Zip	Country	Zip		Cour	ntry		8. This corporation	n has liability for	intangible (tax under	s. 199.032,	
24	25	29		30			Florida Statutes		Yes [
	9. Name and Address of Cui	rrent Registered Age	ent				10. Name and Add	ress of New Ro	gistered A	gent		
	LSON, GARY K			ľ	81	Name						
	01 Tamiami Trail. N IITE 400				82 5	Street Ad	dress (P.O. Box Number	ress (P.O. Box Number is Not Acceptable)				
	PLES FL 33940			ŀ	63							
				<u>}</u>	84 (City			· · · · · · · · · · · · · · · · · · ·	Tes Zin	Code	
						•			FL	1 1		
	nt to the provisions of Sections 607 r registered agent, or both, in the SI I am familiar with, and accept the of	tate of Florida. Such obligations of, Section	change was 607.0505, F	authorized Iorida Statu	by thates.	he corpor	ration's board of director	s. I nereby acce	pruid appe	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
office o agent. I SIGNATURI 12.	Signature, typicd or printed name of ingestere. OFFICERS						vation's board of director pulsed when reinstating) ADDITIONS/CH/		DATE CERS AND	DIRECTO	DRS IN 12	
SIGNATURE 12. THE	Squatore, typical or printed name of ingivere- OFFICERS	d agent and title if applicable AND DIRECTORS		13.	Agent (quired when reinstating)		DATE CERS AND		PRS IN 12	
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14. For 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 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 if changed, or on an attachment with an address.

SIGNATURE: Pole 1 HELD ROBERT HELD SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-97

770-751-1903