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

FILED
May 28 1998 8:00am
Secretary of State

DOCUMENT # P93000074260 (9)

1. Corporation Name
CAFFE BECCA, INC.

[redacted]

Principal Place of Business	Mailing Address
C/O PORTER, WRIGHT, MORRIS & ARTHUR 4501 TAMIAMI TRAIL N SUITE 400 NAPLES FL 33940	C/O PORTER, WRIGHT, MORRIS & ARTHUR 4501 TAMIAMI TRAIL N SUITE 400 NAPLES FL 33940

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/15/1993

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

4. FEI Number: 65-0448187 ☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30 ☐ Yes ☐ No

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

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	HENN, ROBERTA		1.2 NAME		
STREET ADDRESS	2560 HAMPTONS RUN		1.3 STREET ADDRESS	22846 Lochanora Drive	
CITY-ST-ZIP	ALPHARETTA GA		1.4 CITY-ST-ZIP	Hawthorn Woods, IL 60047	
TITLE	DT	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	DIJULIO, BRIAN		2.2 NAME		
STREET ADDRESS	4000 COLUMBIA CENTER		2.3 STREET ADDRESS		
CITY-ST-ZIP	SEATTLE WA		2.4 CITY-ST-ZIP		
TITLE	DVPS	☐ DELETE	3.1 TITLE		☒ Change ☐ Addition
NAME	HENN, STEVEN		3.2 NAME		
STREET ADDRESS	2560 HAMPTONS RUN		3.3 STREET ADDRESS	22846 Lochanora Drive	
CITY-ST-ZIP	APHARETTA GA		3.4 CITY-ST-ZIP	Hawthorn Woods, IL 60047	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME	900002540729	
STREET ADDRESS			6.3 STREET ADDRESS	-05/29/98--01031--032	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	***150.00	

5-28

14. 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 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: Roberta Henn ROBERTA HENN — 4/26/98 — 847-550-6049
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # — 0437 41