

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra H. Morfitt
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 AM 3:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000000870 (3)

1. Corporation Name

BOCA PLACE CAFE, INC.

Principal Place of Business

2255 W GLADES ROAD
BOCA RATON FL 33431

Mailing Address

2255 W GLADES ROAD
BOCA RATON FL 33431

59-67 23321

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/05/1984

3a. Date of Last Report

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

30

4. FEI Number

65-0458911

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

9. Name and Address of Current Registered Agent

GORZECK, RANA M
100 W CYPRESS CREEK ROAD
SUITE 085
FT LAUDERDALE FL 33309

10. Name and Address of New Registered Agent

81 Name

CHARLES BLOOM

82 Street Address (P.O. Box Number is Not Acceptable)

1640 E OAK KNOLL CIRCLE

83

1

84 City

FT LAUDERDALE

FL

85

Zip Code

33324

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

SIGNATURE

CHARLES BLOOM

1/21/95

Signature, typed or printed name of registered agent and title if applicable

(REG-1) Registered Agent signature required when recording

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

PRESIDENT
CHARLES BLOOM
1640 E OAK KNOLL CIR
FT. LAUDERDALE FL 33324

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

SOC. TREAS.

JEROLYN BLOOM

1640 E OAK KNOLL CIR.

FT. LAUDERDALE FL 33324

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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DEPOSITED BY BANK

CH

SIGNATURE:

CHARLES BLOOM

1/21/95

(407) 9957111

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number