

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Monahan
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 PM 4:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000012938

1. Corporation Name

Daybreak Cafe, Inc.

200001525112
-06/28/95--01005--018

****200.00 ****200.00

DO NOT WRITE IN THIS SPACE.

Principal Place of Business Mailing Address
1200 N. Federal Hwy 1200 N. Federal Hwy
Boca Raton, FL 33432 Boca Raton, FL 33432

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Maria Ricciardi
1200 N. Federal Hwy
Boca Raton, FL 33432

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

SIGNATURE

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

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	Maria Ricciardi Pres.
NAME	1200 N. Federal Hwy
STREET ADDRESS	Boca Raton, FL 33432
CITY-ST-ZIP	
TITLE	Vincenza Ciffo V. Pres.
NAME	1200 N. Federal Hwy
STREET ADDRESS	Boca Raton, FL 33432
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	

1.1 TITLE	Maria Ricciardi Pres.	☐ Change ☐ Addit.
1.2 NAME	1200 N. Federal Hwy	
1.3 STREET ADDRESS	Boca Raton, FL 33432	
1.4 CITY-ST-ZIP		
2.1 TITLE	Vincenza Ciffo V. Pres.	☐ Change ☐ Addit.
2.2 NAME	1200 N. Federal Hwy	
2.3 STREET ADDRESS	Boca Raton, FL 33432	
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addit.
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addit.
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addit.
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addit.
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

REMITTED BY ☐ Change ☐ Addit.

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)(b), 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

Signature and typed or printed name of signing officer or director

Date (407) 393-0100