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

DOCUMENT # P94000033928 (0)

FILED Apr 09 1998 8:00am Secretary of State

CIAO S	IDEWALK CAFE, INC.					
Principal Place	e of Business	Mailing Address			E SERVIDAN YAN ADAM DERIY BANKI ERIKI ARKIN ARKIN ARKIN	9 solda oksul kalda oldan lang odky
1208 EAST ATLANTIC AVE. 1208 EAST ATLANTIC AVE. DELRAY BEACH FL 33483 DELRAY BEACH FL 33483					DO NOT WRITE IN TH	IS SPACE
1					3. Date Incorporated or Qualified	
					05/05/1994	
	ace of Business	2a. Mailing Address			4. FEI Number	Applied For
21 Suite Ast	# oto	Suite, Apt. #, etc.			65-0482039	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27				5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State City		City & State	y & State		Election Campaign Financing	\$5.00 May Be
23		28	_		Trust Fund Contribution	Added to Fees
Zip	Country	Zιρ	Count	ry	8. This corporation owes or has paid the	
24	[25]	29	30		Personal Property Tax due June 30.	Yes No
	9. Name and Address of Curre	nt Registered Agent	1 Name	10. Name and Address of New Register	ed Agent	
SLOANE, DIANE				i ivallie		
637-4 N.E. 12TH TERRACE			8	2 Street Add	dress (P.O. Box Number is Not Acceptable)	
BOYNTON BEACH FL 33435			8	3		
Į			L			
,			8	4 City	ı	EL 85 Zip Code
11. Pursuant	to the provisions of Sections 607.050	02 and 607.1508, Florida Statut	es, the abo	ve-named cor		
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	Signature, typed or ponted name of registered ag	pent and little if apphicable (NOT	[Registered A	igent signature requ	uired when reinstating) DA	
12.		ID DIRECTORS	13.	···	ADDITIONS/CHANGES TO OFFICERS	
TITLE	DP	☐ DELETE	1.1 TITLE	l l		Change Addition
NAME	SLOANE, DIANE		1.2 NAM			
STREET ADDRESS	637-4 N.E. 12TH TERR.			ET ADORESS		Ü
CITY-ST-ZIP TITLE	BOYNTON BEACH FL 33435	DELETE	1.4 CITY 2.1 TITLE			Change Addition
NAME			2.2 NAM	ì		C outings C required
STREET ADDRESS				ET ADDRESS		
CITY-ST-ZIP			2 4 CITY			
TITLE		DELETE	3.1 TITLE			Change Addition
NAME			3.2 NAM	E		
STREET ADDRESS			3.3 STRE	ET ADDRESS		
CITY-ST-ZIP			3.4. CITY	- ST - ZIP		
TITLE		DELETE	4.1 TITLE			☐ Change ☐ Addition
NAME			4. 2 NAM	lé l		
STREET ADDRESS			4.3 STRE	ET ADDRESS		
CITY-ST-ZIP			4.4 CITY			
TITLE		☐ DELETE	5.1 TITLE	L L		☐ Change ☐ Addition
NAME			5.2 NAM			
STREET ADDRESS				ET ADDRESS		
CITY-ST-ZIP		DELETE	5.4 CITY			Change Addison
TITLE		LJ VILLE	6.1 TITLE			☐ Change ☐ Addition
NAME ATACET ADORESIS			6.2 NAM	l l		
STREET ADDRESS				ET ADDRESS		
CITY-ST-ZIP			6.4 CITY	-SI-ZIP		

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 region of the corporation or the region of the corporation of the corporatio

SIGNATURE:

4/1 /98

36 2784520