

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

CORPORATION ANNUAL REPORT 1995



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

APPROVED AND FILED
95 MAY -1 AM 10:15

DOCUMENT # **P94000040545 (3)**
1. Corporation Name
CAFE IN THE PARK, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business: **2619 EINWOOD DR, KISSIMMEE FL 34758**
Mailing Address: **2619 EINWOOD DR, KISSIMMEE FL 34758**
14205 E. COLONIAL DR, ORLANDO, FL 32826

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21. Suite, Apt. #, etc.
22. City & State
23. Zip
24. Country

2a. Mailing Address
26. Suite, Apt. #, etc.
27. City & State
28. Zip
29. Country

3. Date Incorporated or Qualified: **05/31/1994**
3a. Date of Last Report
4. FEI Number: **59-3244822**
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
**CHARNESKY, DONALD L
2619 EINWOOD DR
KISSIMMEE FL 34758**

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code: **FL**

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: *Lori Halvorsen 5/8/95*
Signature of State or Central Record-keeping Agent (see the Paragraphs) (SEE) Registered Agent Signature (required when changing)

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	CHARNESKY, DONALD L
STREET ADDRESS	2619 EINWOOD DR
CITY, ST, ZIP	KISSIMMEE FL 34758
TITLE	D
NAME	HALOVRSSEN, LORI
STREET ADDRESS	2323 PEBBLE BEACH BLVD
CITY, ST, ZIP	ORLANDO FL 32826
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

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	D HALOVRSSEN, LORI
23 STREET ADDRESS	1604 Little Falls Circle
24 CITY, ST, ZIP	Orlando, FL, 32807
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

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 110.07(4)(a), 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 007, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Lori Halvorsen* **DONALD L. CHARNESKY 3/10/95**
Signature and typed or printed name of registered agent on dissolution **251-7625**