

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS**

**95 APR -4 PM 6: 57**

**DOCUMENT # P94000043683 (9)**

1. Corporation Name

**ORANGE PALM CAFE, INC.**

Principal Place of Business

**3639-B WEST KENNEDY BLVD.  
TAMPA FL 33609**

Mailing Address

**3639-B WEST KENNEDY BLVD.  
TAMPA FL 33609**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

**08/08/1994**

3a. Date of Last Report

**N/A**

4. FEI Number

**53-32479 10**

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

2. Principal Place of Business

21 **3936-B W. Kennedy Blvd**

2a. Mailing Address

27 **4424 Ferncroft Ave.**

22 Suite, Apt. #, etc.

**Tampa, FL 33609**

27 Suite, Apt. #, etc.

**Tampa, FL 33609**

23 City & State

28 City & State

24 Zip

25 Country

**Hillsb.**

29 Zip

30 Country

**Hillsb.**

9. Name and Address of Current Registered Agent

**LOPEZ, AL R JR  
4600 W CYPRESS ST, 500  
TAMPA FL 33607**

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

SIGNATURE

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

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D**  
NAME **DiMARIA, FRANK**  
STREET ADDRESS **102 S GRADY AVE**  
CITY-ST-ZIP **TAMPA FL 33609**

1 1 TITLE  
1 2 NAME  
1 3 STREET ADDRESS  
1 4 CITY - ST - ZIP

**D/Pres.**  
**DiMaria, Frank**  
**4424 Ferncroft Ave.**  
**Tampa, FL 33609**

Change  Addition

TITLE **D**  
NAME **DiMARIA, SANDRA A**  
STREET ADDRESS **102 S GRADY AVE**  
CITY-ST-ZIP **TAMPA FL 33609**

2 1 TITLE  
2 2 NAME  
2 3 STREET ADDRESS  
2 4 CITY - ST - ZIP

**D/VP/S/T**  
**DiMaria, Sandra A.**  
**4424 Ferncroft Ave.**  
**Tampa, FL 33609**

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3 1 TITLE  
3 2 NAME  
3 3 STREET ADDRESS  
3 4 CITY - ST - ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4 1 TITLE  
4 2 NAME  
4 3 STREET ADDRESS  
4 4 CITY - ST - ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5 1 TITLE  
5 2 NAME  
5 3 STREET ADDRESS  
5 4 CITY - ST - ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6 1 TITLE  
6 2 NAME  
6 3 STREET ADDRESS  
6 4 CITY - ST - ZIP

Change  Addition

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 appointment with an address.

SIGNATURE: *Frank DiMaria*  
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR  
**Frank DiMaria, President**

**5/8/95** 1818-8759119  
Date  
Telephone Number