

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 20 AM 8:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000057803 (6)

1. Corporation Name

GARFIELDS SPORTS CAFE, INC.

Principal Place of Business

**4425 W. HILLSBORO BOULEVARD
COCONUT CREEK FL 33073**

Mailing Address

**4425 W. HILLSBORO BOULEVARD
COCONUT CREEK FL 33073**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/03/1994

3a. Date of Last Report

2. Principal Place of Business

21 7525 NW 61ST TERRACE

2a. Mailing Address

26 7525 NW 61ST TERRACE

4. FEI Number

05-0516226

Applied For

Not Applicable

Suite, Apt. #, etc.

22 1303

Suite, Apt. #, etc.

27 1303

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

City & State

23 Parkland, FL

City & State

28 Parkland, FL

6. Election Campaign Financing
Trust Fund Contribution



**\$5.00 May Be
Added to Fees**

Zip

24 33067

Country

25 Broward

Zip

29 33067

Country

30 Broward

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**MULLIN, JAMES G
2263 N.W. BOCA RATON BLVD., #205
BOCA RATON FL 33431**

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

TITLE
D
NAME
ALBA, JOSEPH
STREET ADDRESS
23398 S.W. 57TH AVENUE, #303
CITY - ST - ZIP
BOCA RATON FL 33328

TITLE
D
NAME
ALFARO, RUBEN
STREET ADDRESS
8521 N.W. 53RD STREET
CITY - ST - ZIP
LAUDERHILL FL 33351

TITLE
D
NAME
PORTER, STEVE
STREET ADDRESS
7525 N.W. 61ST TERRACE, #1303
CITY - ST - ZIP
PARKLAND FL 33076

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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

Delete

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change ☐ Addition

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(1)(g), 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 registered 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:

Steven Porter
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-95 905-753-0071
DATE TELEPHONE