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CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 AM 9:59

DOCUMENT # **P94000074799 (5)**

1. Corporation Name
CAFE UNITY, INCORPORATED

Principal Place of Business	Mailing Address
10020 SOUTH FEDERAL HWY PORT ST. LUCIE FL 34952	10020 SOUTH FEDERAL HWY PORT ST. LUCIE FL 34952

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/07/1994
3a. Date of Last Report:

2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: [X] Applied For [ ] Not Applicable

Suite, Apt. #, etc. (22) / (27)
5. Certificate of Status Desired [ ] **$8.75** Additional Fee Required

City & State (23) / (28)
6. Election Campaign Financing Trust Fund Contribution [ ] **$5.00** May Be Added to Fees

Zip (24) / Country (25) / Zip (29) / Country (30)
8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* [ ] Yes [X] No

9. Name and Address of Current Registered Agent

SIMMONS, EVETT L ESQ
10020 SOUTH FEDERAL HWY
PORT ST. LUCIE FL 34952

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	D [ ] Change [X] Addition
NAME	MORGAN, IDA	12 NAME	SIMMONS, EVETT L.
STREET ADDRESS	3111 AVE., R	13 STREET ADDRESS	10020 S. FEDERAL HWY.
CITY ST ZIP	FORT PIERCE FL 34954	14 CITY ST ZIP	PORT ST. LUCIE, FL 34952
TITLE	D	21 TITLE	D [ ] Change [X] Addition
NAME	SIMMONS, SARA	22 NAME	WILLIAMS, ELIZABETH D.
STREET ADDRESS	2061 SE ERWIN ROAD	23 STREET ADDRESS	2061 SE ERWIN ROAD
CITY ST ZIP	PORT. ST.LUCIE FL 34952	24 CITY ST ZIP	PORT ST. LUCIE, FL 34952
TITLE	D	31 TITLE	[ ] Change [ ] Addition
NAME	SOLOMON, LYNN D	32 NAME	
STREET ADDRESS	2061 SE ERWIN ROAD	33 STREET ADDRESS	
CITY ST ZIP	PORT. ST.LUCIE FL 34952	34 CITY ST ZIP	
TITLE	D	41 TITLE	[ ] Change [ ] Addition
NAME	STEPHENSON, THEODORA	42 NAME	
STREET ADDRESS	17830 NW 66TH COURT CIR.	43 STREET ADDRESS	
CITY ST ZIP	MIAMI FL 33015	44 CITY ST ZIP	
TITLE	D	51 TITLE	[ ] Change [ ] Addition
NAME	WILLIAMS, ROSE ANN	52 NAME	
STREET ADDRESS	791 GROVE PARK CIR.	53 STREET ADDRESS	
CITY ST ZIP	FERNANDINA BEACH FL 32034	54 CITY ST ZIP	
TITLE		61 TITLE	[ ] Change [ ] Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		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 119.07(3)(k), 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: Evett L Simmons 4/17/95 407-337-3330
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000703 CR