FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

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

3. Date Incorporated or Qualified: **10/07/1994**

3a. Date of Last Report: **05/01/1995**

4. FEI Number: FAPXXXXXXX 65-0584882 ☐ 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
21 145 NW Central Park Plaza
Suite, Apt. #, etc.
22
City & State
23 Port St. Lucie, FL
Zip 24 34986 Country 25 USA

2a. Mailing Address
26 Same as #2
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

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 607.1506, 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 _____

12. OFFICER'S AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '2
TITLE	D ☐ DELETE	1.1 TITLE D ☐ Change ☒ Addition
NAME	MORGAN, IDA	1.2 NAME D. Elizabeth Williams
STREET ADDRESS	3111 AVE., R	1.3 STREET ADDRESS 1250B NW Sun Terrace Circle
CITY-ST-ZIP	FORT PIERCE FL 34954	1.4 CITY-ST-ZIP Port St. Lucie, FL 34986
TITLE	D ☐ DELETE	2.1 TITLE ☐ Change ☐ Addition
NAME	SIMMONS, SARA	2.2 NAME
STREET ADDRESS	2061 SE ERWIN ROAD	2.3 STREET ADDRESS
CITY-ST-ZIP	PORT. ST.LUCIE FL 34952	2.4 CITY-ST-ZIP
TITLE	D ☐ DELETE	3.1 TITLE ☐ Change ☐ Addition
NAME	SOLOMON, LYNN D	3.2 NAME
STREET ADDRESS	2061 SE ERWIN ROAD	3.3 STREET ADDRESS
CITY-ST-ZIP	PORT. ST.LUCIE FL 34952	3.4 CITY-ST-ZIP
TITLE	D ☐ DELETE	4.1 TITLE ☐ Change ☐ Addition
NAME	STEPHENSON, THEODORA	4.2 NAME
STREET ADDRESS	17830 NW 66TH COURT CIR.	4.3 STREET ADDRESS
CITY-ST-ZIP	MIAMI FL 33015	4.4 CITY-ST-ZIP
TITLE	D ☐ DELETE	5.1 TITLE ☐ Change ☐ Addition
NAME	WILLIAMS, ROSE ANN	5.2 NAME
STREET ADDRESS	791 GROVE PARK CIR.	5.3 STREET ADDRESS
CITY-ST-ZIP	FERNANDINA BEACH FL 32034	5.4 CITY-ST-ZIP
TITLE	D ☐ DELETE	6.1 TITLE 900001772409 ☐ Addition
NAME	SIMMONS, EVETT L	6.2 NAME -04/08/96--01053--005
STREET ADDRESS	10020 S FEDERAL HWY	6.3 STREET ADDRESS ***200.00
CITY-ST-ZIP	PORT ST LUCIE FL	6.4 CITY-ST-ZIP

CR2E034 (12/95)

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)(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 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 added by amendment with an address.

SIGNATURE: _____ _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR