FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State*

DIVISION OF CORPORATIONS

POCUMENT # P95000016213 (7)

HARRY'S CAFE, INC.

Principal Place of Business Mailing

10857 HORIZON DRIVE 10657

Mailing Address

FILED Apr 21 1997 8:00am Secretary of State



10857 HORIZOI SPRING HILL F	n Drive Fl. 3460 8	10657 HORIZON DRIVE SPRING HILL FL 34608-713	12				
					3. Date Incorporated or Qualified 02/27/1995	I	
2. Principal Place of Business 2a. Mailing Address					4. FEI Number		Applied For
26					59-3315487	1	Not Applicable
Sulte, Apt. #, etc. Suite, Apt. #			etc.			\$8.75	Additional
22		27	27		5. Certificate of Status Desired	Fee	Required
City & State	6	City & State	City & State		6. Election Campaign Financing	\$5.0	0 May Be
23		28	28		Trust Fund Contribution Added to Fees		
Zip	Country	Zip .	Country		8. This corporation has liability for intangible tax under s. 199.032,		
24			30	Florida Statutes Yes No			
	9. Name and Address of Cure	rent Registered Agent		71	10. Name and Address of New Reg	istered Agent	
FRANTZIS, HERCULES				81 Name			
10657 HORIZON DRIVE SPRING HILL FL 34808			8	2 Street Add	ddress (P.O. Box Number is Not Acceptable)		
	,		8	3			
			-	4 04		last 7	- Codo
-			8	4 City		FL 85 21	p Code
11. Pursuant office or r agent. I a	to the provisions of Soctions 607.0 egistered agent, or both, in the Sta m familiar with, and accept the ob	502 and 607.1508, Florida Statul ate of Florida. Such change was a ligations of, Section 607.0505, Flo	es, the about outhorized orida Statut	ve-named cor by the corpora es.	rporation submits this statement for the p alion's board of directors. I hereby accep	urpose of changing t the appointment	g its registered as registered
SIGNATURE						·	
40	Signature, typed or printed name of registered	AND DIRECTORS (NOT)	13.	gont signature requ	uired when roinstating) ADDITIONS/CHANGES TO OFFIC	DATE EDG AND DIDECT	ORS IN 12
12.	P	DELETE			ABBITIONS/OFFANGES TO OFFIC	Chang	
NAME	FRANTZIS, HERCULES		1.2 NAM			Lung Orlang	
STREET ADDRESS	AAAR HADISAH ADUS			ET ADDRESS			
CITY-ST-ZIP	SPRING HILL FL 34608		1.4 CITY				
TITLE	V	DELETE	2.1 TITLE			☐ Chang	e
NAME	FRANTZIS, VOULA	RANTZIS, VOULA 222				· — •	_ [
STREET ADDRESS	JAAPE HARITAN BRUE			ET ADDRESS			
CITY-ST-ZIP	SPRING HILL FL 34608		2. 4 CITY				1
TITLE			3,1 TiTLE			Chang	e 🔲 Addilion
NAME	PACETTO OLO		3.2 NAM	Ε	N.		
STREET ADDRESS	AAAFT LIADITALI DOUR		3.3 STRE	ET ADDRESS			
CITY-ST-ZIP	ODDING THE CLOSES		3.4. C(1)	- S1 - ZIP			
TITLE	DELETE 4:		4.1 1111.5			Chang	e 🔲 Addition
NAME			4. 2 NAM	IE			
STREET ADDRESS			4.3 STRE	E1 ADDRESS			
CITY-ST-ZIP	4.		4.4 CITY	- \$1 - ZIP			
TITLE	DELETE 5.1		5.1 TITLE			Chang	e 🔲 Addition
NAME		5.2		E.			
STREET ADDRESS	.SS 5.3		5.3 STRE	E1 ADORESS			
CITY-ST-ZIP	5.4		5.4 C(1Y	- \$1-2IP			
TITLE	DELETE 6.1		6.1 TITLE		Change Addilio		e 🔲 Addilion
NAME	6.2		6.2 NAM	F			
STREET ADDRESS			6.3 STRE	ET ADORESS			
CITY-ST-ZIP			6.4 C(1)	-ST-ZIP	d in Cooling 110 02/0V/N Florida Statuto		

I do hereby certify that the information supplied with this filing 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 on an attachment with an address.