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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9500036771 (0)

Country

9. Name and Address of Current Registered Agent

25

ZWICK, ELIAS 940 LINCOLN ROAD

SIGNATURE: X

HAMPTON CAFE, INC.

23

24

Zip

Principal Place of Business

940 LINCOLN ROAD MALL
SUITE \$20/
MIAMI BEACH FL 33139

2. Principal Place of Business

21

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

City & State

Mailing Address

Mailing Address

24

Suite, Apt. #, etc.

27

City & State

Zip

29

## FILED Apr 09 1998 8:00am Secretary of State



Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Yes Yes

Not Applicable

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

8. This corporation owes or has paid the current year intangible

05/08/1995

65-0652804

5. Certificate of Status Desired

6. Election Campaign Financing

Personal Property Tax due June 30.

10. Name and Address of New Registered Agent

april/3

Trust Fund Contribution

4. FEI Number

940 LINCOLN ROAD SUITE 301			82	Street	Address (P.O. Box Number is Not Acceptable)				7
			83						1
•			84	City	FL	85 Zi	ip Cod		-
office or r	to the provisions of Sections 607,0502 and 607,1508 egisterod agent, or both, in the State of Florida. Such in familiar with, and accept the obligations of, Section	change was autho	rized by	the corr	corporation submits this statement for the purpose of poration's board of directors. I hereby accept the apport	changing intment	j its re as regi	gistered stered	
SIGNATURE Signature typod or printed regree of registered agent and talk if applicable (NOTE: Registered Agent signature required when reinstating)  DATE									1
12.	OFFICERS AND DIRECTORS		13.	- Signaturo	ADDITIONS/CHANGES TO OFFICERS AND	DIRECT	ORS IN	J 12	1
TITLE	PD	-	.1 TITLE			Chang		Addition	∏\$
NAME	ZWICK, LEON	1	1.2 NAME						13
STREET ADDRESS	940 LINCOLN ROAD, SUITE 301	<b>,</b> ,	.3 STAEET	AODRESS					}
CITY-ST-ZIP	MIAMI BEACH FL 33139		.4 CITY - ST						
TITLE	STD		.1 TITLE			Change	e L	Addition	,  ζ
NAME	ZWICK, ELIAS		2.2 NAME						Ì
STREET ADDRESS	940 LINCOLN ROAD, SUITE 301	l :	3 STREET	ADDRESS					
CITY - ST - ZIP	MIAMI BEACH FL 33139	L	. 4 CITY-S	T-21P	;				
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NAME		2	3.2 NAME						
STREET ADDRESS		Í	.3 STREET	address					
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NAME		1 !	2 NAME	ì					1
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NAME		į t	.2 NAME						
STREET ADDRESS	,		.3 STREET .	ADDRESS					
CITY-ST-ZIP			4 CITY- S1	- ZIP				_	
14. I 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 empowared 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.									

Country

81 Name

30