

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000046620 (7)

1. Corporation Name

CURTAIN CALL CAFE, INC.



Principal Place of Business

Mailing Address

9061 BOCA AVE N
NAPLES FL 33942

9061 BOCA AVE N
NAPLES FL 33942

3. Date Incorporated or Qualified

06/12/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 9961- BOCA AVE. N.

26 9961- BOCA AVE. N.

4. FEI Number

65-0588806

Applied For

Not Applicable

Suite, Apt. #, etc

Suite, Apt. #, etc

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

City & State

City & State

23 NAPLES, FL

28 NAPLES, FL

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24 34109

25 USA

29 34109

30 USA

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GARLICK, THOMAS B
9061 BOCA AVE N
NAPLES FL 33942

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

HARTER, SECREST & EMERY

83

800 - LAUREL OAK DRIVE

84

City

NAPLES

FL

85 Zip Code

33963-2738

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 title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME D
TARANTO, MICHAEL V
STREET ADDRESS 9061 BOCA AVE N
CITY - ST - ZIP NAPLES FL 33942

TITLE ☐ DELETE

NAME D
TARANTO, MICHAEL JR
STREET ADDRESS 402 EMERALD BAY E2
CITY - ST - ZIP NAPLES FL 33963

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☒ Change ☐ Addition

12 NAME D/P
13 STREET ADDRESS 9961-BOCA AVE. N.
14 CITY - ST - ZIP NAPLES, FL 34109

21 TITLE ☒ Change ☐ Addition

22 NAME D/C
23 STREET ADDRESS 402-EMERALD BAY CIRCLE, E-2

24 CITY - ST - ZIP ☐ Change ☒ Addition

31 TITLE D/VP
32 NAME BARBARA BURNS
33 STREET ADDRESS 9961-BOCA AVE. N.
34 CITY - ST - ZIP NAPLES, FL 34109

41 TITLE ☐ Change ☒ Addition

42 NAME GENE LANDRUM
43 STREET ADDRESS 9961-BOCA AVE. N.
44 CITY - ST - ZIP NAPLES, FL 34109

51 TITLE ☐ Change ☐ Addition

52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME
63 STREET ADDRESS
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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: MICHAEL V. TARANTO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

6/6/96 941-597-2762

CR2E034 (3/96)