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. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000046970 (6)**

1. Corporation Name
ROASTED PEPPER CAFE, INC.

Principal Place of Business	Mailing Address
2650 NE 52ND STREET LIGHTHOUSE PT. FL 33064-7052	2650 NE 52ND STREET LIGHTHOUSE PT. FL 33064-7052

3. Date Incorporated or Qualified: 06/13/1995
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 3340 North Federal Hwy	26 3340 North Federal Hwy
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Boca Raton FL	City & State 28 Boca Raton, FL
Zip 24 33431 Country 25 U.S	Zip 29 33431 Country 30 U.S

4. FEI Number: 65-0591404 ☐ 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

9. Name and Address of Current Registered Agent

WILLIAMS, STEPHEN G
2650 NE 52ND STREET
LIGHTHOUSE PT. FL 33064-7052

10. Name and Address of New Registered Agent

81 Name: Joseph A. Modica
82 Street Address (P.O. Box Number is Not Acceptable): 1503 S. Ocean Blvd
83: W3
84 City: Boca Raton FL 85 Zip Code: 33432

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] Secretary & Treas. 6-27-96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	MODICA, JOSEPH A		1.2 NAME	
STREET ADDRESS	1503 SO. OCEAN BLVD. W3		1.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON . FL 33432		1.4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	MODICA, JOSEPH JR.		2.2 NAME	
STREET ADDRESS	3171 LEEWOOD TERRACE		2.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON . FL 33431		2.4 CITY-ST-ZIP	
TITLE	STD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	CIAFFONE, GERALD N		3.2 NAME	
STREET ADDRESS	1503 SO. OCEAN BLVD. W3		3.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON . FL 33432		3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (3/96)

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: [signature] 6-27-96 (407) 362-5975
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #