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

PROFIT CORPORATION ANNUAL REPORT

> MILTENBERGER, JOY B 97 DUNBAR RD E



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

Secretary of State 1997 DOCUMENT # P9500054464 (9) ENERGY EXPRESS CAFE, INC. Principal Place of Business Mailing Address 97 DUNBAR RD E 97 DUNBAR RD E PALM BEACH GARDENS FL 33418 PALM BEACH GARDENS FL 33418-6830 3. Date Incorporated or Qualified 07/11/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 26 65-0644473 21 Suite, Apt #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired 22 27 City & State City & State 6. Election Campaign Financing 28 23 Trust Fund Contribution Country Zip Zło Country This corporation has liability for intangible tax under s. 199.032, Yes No 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent

PALM BEACH GARDENS FL 33418 83 84 City 85 Zip Code

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) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change THEE 11 TITEF MILTENBERGER, JOY 1.2 NAME NAME 97 DUNBAR RDE STREET ADDRESS 1.3 STREET ADDRESS PALM BCH GARDENS FL 33418 1.4 CITY-ST-ZIP CETY-ST-ZIP TITLE DELETE 2.1 TITLE Change Addition MILTENBERGER, MICHAEL J 2.2 NAME MAKE 97 DUNBAR RDE STREET ADDRESS 2.3 STREET ADDRESS PALM BCH GARDENS FL 33418 CITY-S1-ZIF 2. 4 CITY - S\$- ZIP DELETE Addition Change TITLE 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CHTY - S1 - ZIF 3.4. CITY - ST - ZIP DELETE ☐ Change Addition 4.1 TITLE TILLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY-S1-ZIP DELETE Change ☐ Addition TOTAL 5.1 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-S1-ZIP 5.4 CITY-ST-ZIP DELETE Addition TITLE 6.1 TITLE __ Change 800002185458 NAME 62 NAME -05/20/97--01084--012 STREET ADDRESS **6.3 STREET ADDRESS** ***550.00 CITY - ST - ZIF 6.4 CITY-ST-ZIP

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

SIGNATURE:

FILED

May 09 1997 8:00am

3a. Date of Last Report

Applied For

\$8.75 Additional

Fee Regulred

\$5.00 May Be

Added to Fees

Not Applicable

05/01/1996

П

П

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

(96/6)CR2E034