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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

FILED Feb 20, 1999 8:00 am Secretary of State

•	1999	DIVISION OF CO	PORATIONS	02-20-1999 90154 039 **	**150.00	
 Corporation 		078186				
CHAZY G	GEORGE'S CAFE, INC.					
Principal Place of Business 1188 KAPP DRIVE CLEARWATER FL 34625		Mailing Address 1188 KAPP DRIVE CLEARWATER FL 34625				
V22				DO NOT WRITE IN THIS 3. Date Incorporated or Qualifed 10/09/1995	SPACE	
2. Principal Pl	lace of Business	2a. Mailing Address		4. FEI Number	App	lied For
21		26		59-3339955		Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Ac	
City & State	e	City & State		6. Election Campaign Financing	\$5.00 N	
23		28		Trust Fund Contribution	Added to	Fees
Zip	Country	Zip	Country	8. This corporation owes the current year In		□No
24	25		30	Personal Property Tax. 10. Name and Address of New Registered		
	9. Name and Address of Curre	nt Registered Agent	81 Name	10. Name and		
KOKORIS, GEORGE				dress (P.O. Box Number is Not Acceptable)		
	KAPP DRIVE			3,555 () .5. 25% (101155)		
CLE	ARWATER FL 34625		83			
			84 City	: FL	85 Zip C	ode .
44 Dureupot	to the provisions of Sections 607.05	02 and 607 1508. Florida Statutes	s, the above-named cor	distribution of the state of the purpose of	f changing its s	registered
11. Pursuant office or r agent. I a	egistered agent, or both, in the State m familiar with, and accept the obligi	e of Florida. Such change was auf ations of, Section 607.0505, Florid	thorized by the corporat da Statutes.	rporation submits this statement for the purpose of the directors. I hereby accept the appo	intment as reg ∩.	istered
SIGNATURE	SLOYNO	1 Xaller		2/10/1	7	
40	Signature, typed driprinted name of registered age	e and tife if applicable. (NOTE: F	Registered Agent signature require 13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTOR	RS IN 12
12.	PD	☐ DELETE	1.1 TITLE		☐ Change	Addition
NAME	KOKORIS, GEORGE		1.2 NAME	•	•	
STREET ADDRESS	2036 CHADSWORTH DRIVE		1.3 STREET ADDRESS			
CITY-ST-ZIP	DUNEDIN FL 34698		1.4 CITY-ST-ZIP			
TITLE	SD	☐ DELETE	2.1 TITLE		Change	Addition
NAME	KOKORIS, ROSE		2.2 NAME			,
STREET ADDRESS			2.3 STREET ADDRESS	ينجاز والهابي والمعتمد والمرازي والمراز والمراز والمراز والمراز والمراز والمراز	- F- 74, P	+-
CITY-ST-ZIP	DUNEDIN FL 34698	☐ DELETE	2.4 CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	Change	Addition
TITLE		☐ DELETE	3.1 TITLE 3.2 NAME			_
NAME			3.3 STREET ADDRESS			
STREET ADDRESS			3.4. CITY-ST-ZIP			
CITY-ST-ZIP		☐ DELETE	4.1 TITLE		Change	☐ Addition
NAME			4, 2 NAME			,
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			- Addition
TITLE		☐ DELETE	5.1 TITLE		☐ Change	☐ Addition
NAME			5.2 NAME 5.3 STREET ADDRESS			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP		☐ DELETE	6.1 TITLE		Change	Addition
TITLE		_ 5	6.2 NAME		_ •	
NAME CTREET ADDRESS			6.3 STREET ADDRESS			

CITY-ST-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 it 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

President