

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.)

APPROVED  
AND  
FILED

1996 SEP -3 PM 12: 49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

\* PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P95000084864 (4)

1. Corporation Name

CARIBBEAN CRAVINGS, INC.



Principal Place of Business

Mailing Address

1239 S SUNCOAST BLVD UNIT 3  
HOMOSASSA FL 34448

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HOMOSASSA FL 34448

3. Date Incorporated or Qualified: 11/01/1995  
 3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

4. FEI Number: 593349003  
 Applied For: Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired:  \$8.75 Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees

23 Zip

Country

28 Zip

Country

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

TITUS, CLAIRE A  
#4 NE 3RD ST  
CRYSTAL RIVER FL 34429

81 Name: Bob Cohen  
 82 Street Address (P.O. Box Number is Not Acceptable): 914 E. Norvell Bryant Hwy.  
 83  
 84 City: Hernando FL 85 Zip Code: 34442

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

*Bob Cohen*  
Bob COHEN

8-5-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input type="checkbox"/> DELETE
NAME	GROW, GILBERT P	
STREET ADDRESS	6515 W CYRUS ST	
CITY - ST - ZIP	CRYSTAL RIVER FL	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	KELL, MALINDA J	
STREET ADDRESS	110 30TH AVE NORTH	
CITY - ST - ZIP	ST PETERSBURG FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	GROW, SUSAN	
STREET ADDRESS	6515 W CYRUS ST	
CITY - ST - ZIP	CRYSTAL RIVER FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	PARDO, HUVI M	
STREET ADDRESS	6515 W CYRUS ST	
CITY - ST - ZIP	CRYSTAL RIVER FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

100001943041  
 09/10/96 - 01045 - 011  
 \*\*\*\*225.00 \*\*\*\*225.00

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)(f), 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: *Malinda J Kell* Malinda J Kell 8/4 (352) 795-7746  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAY/MONTH/YEAR

CR2E034 (3/96)

*Handwritten initials*