

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. Morthorn  
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

1239 S SUNCOAST BLVD UNIT 3  
HOMOSASSA FL 34448

3. Date Incorporated or Qualified  
11/01/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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 approve the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed in Block 12 of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

8-5-96

DATE

12. OFFICERS AND DIRECTORS

TITLE P  
NAME GROW, GILBERT P  
STREET ADDRESS 6515 W CYRUS ST  
CITY-ST-ZIP CRYSTAL RIVER FL

TITLE VS  
NAME KELL, MALINDA J  
STREET ADDRESS 110 30TH AVE NORTH  
CITY-ST-ZIP ST PETERSBURG FL

TITLE T  
NAME GROW, SUSAN  
STREET ADDRESS 6515 W CYRUS ST  
CITY-ST-ZIP CRYSTAL RIVER FL

TITLE T  
NAME PARDO, HUM M  
STREET ADDRESS 6515 W CYRUS ST  
CITY-ST-ZIP CRYSTAL RIVER FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
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  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/4 (352) 775-7746

DATE

Daytime Phone #

CR2E034 (3/96)