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**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #
1. Corporation Name

P95000086248 (8)

NINA'S CAFE, INC.

Principal	Plac	e of Bu	siness
323 P/	GE	RACON	BOAD

Mailing Addagee



323 PAGE BI MARY ESTHE		1728 LILA BERRY NICEVILLE FL 325					
					<ol> <li>Date Incorporated or Qualified</li> <li>11/08/1995</li> </ol>	3a. Date of Last R	eport
2. Principal Place of Business 2a. Mailing Address 21		s		4. FEI Number		Applied For	
					59-33445	503 _ 🗍	Not Applicable
22					5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State 28			Election Campaign Financing     Trust Fund Contribution		O May Be d to Fees
Zip <b>24</b>	Country 25	Zip <b>29</b>	Count 30	У	8. This corporation has liability for Florida Statutes	intangible tax under s	199.032,
4	9. Name and Address of Co			•	10. Name and Address of New F		
			8	1 Name	70.	registeres Agent	
BARTEL	, KATHLEEN			1	(T) O. D. N. J. J. N. J.		
	LA BERRY LANE		6	Z Street Ad	ddress (P.O. Box Number is Not Acceptab	ole)	
NICEVILI	LE FL 32578		8	3			
			8	4 City		FL  85   Zip	p Code
11. Pursuant to	o the provisions of Sections 607	0502 and 607.1508. Florida Sto	atutes, the above	named cos	poration submits this statement for the pur	<del></del>	opioto - 1 - *
GITING WIN	h, and accept the obligations of,	Florida Such change was auth Section 607,0505, Florida Statu	ites.				
SIGNATURE	Syndrie spied or printed han Estinguations	Section 607,0505, Florida Static	(ROTE Projected A)			DATE	
SIGNATURE	Syndrie spied or printed han Estinguations	Section 607.0005, Florida State	ires.	ent signature na p	ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTO	
SIGNATURE SIGNAT	Syndrie spied or printed han Estinguations	Section 607,0505, Plonda State rapid 304 the engine at 7 S AND DIRECTORS	(NOTE Registered A)  13.	ent signature ne q	ADDITIONS/CHANGES TO OFF		RS IN 12
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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 logal 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 or an attachment with an address.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(404)664-0977

CR2E034 (12/95)