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

PROFIT CORPORATION ANNUAL REPORT

1997



Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P95000094237 (1)**1. Corporation Name

CAFE SARDI, INC.

FILED May 19 1997 8:00am Secretary of State



Principal Plac	e of Business	Mailing Addr	Mailing Address			E INDUINDU IND IBINI BRILL BOLL BOLL DOUG (BILL DIDER LINE LINE LINE LINE)				
10115 CEDAR DUNE TAMPA FL 33624			10115 CEDAR DUNE TAMPA FL 33624-5087							
						3. Date Incorporated or Qualified 12/12/1995	3a. Date 06/05		Report	
	Place of Business	2a. Mailing A	2a. Mailing Address			4. FEI Number			Applied For	
21		26							lot Applicable	
Suite, Apt.	#, etc.	<u>}</u> ¬ ′	Suite, Ap1. #, etc.			5. Certificate of Status Desired			Additional Required	
City & Stat	Α	27 City & Sta	do			• Classica Constitution	····			
23		a	28			Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees		
	Zip Country		Zip Cour			8. This corporation has liability for intel				
24	25	29	30				Yes 🔲		S. 100.00L,	
	9. Name and Address of					10. Name and Address of New Reg	istered Ag	ent		
ECK	HARDT, JAMES			81	Name					
10115 CEDAR DUNE					82 Street Address (P.O. Box Number is Not Acceptable)					
	PA FL 33624				Street 7 too	datess (r.c. dox Northerns Not Acceptable)				
				83			-			
				64	City			85 7 ip	Code	
				- 1			FL			
11. Pursuant office or r agent. I a	to the provisions of Sections 6 registered agont, or both, in the firm familiar with, and accept the	697.0502 and 607.1508, Fl e State of Florida. Such cl e obligations of, Section 6	lorida Statutes, th nange was autho 07.0505, Florida	ie abov rized b Statute	e-named corp y the corpora s.	poration submits this statement for the pition's board of directors. I hereby accep	urpose of cl the appoir	nanging ntment a	its registered s registered	
SIGNATURE										
10	Signature, typod or printed name of regis	RS AND DIRECTORS		islared Ag	ent signature requi	red when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE	IDECTO	DO (N. 10	
12, TITLE	D			1.1 TITLE		ADDITIONS/CHANGES TO OFFIC		T Change		
NAME	ECKHARDT, JAMES	L		1.2 NAME	ļ		L.	T Outside	E. J. MOUIDOII	
STREET ADDRESS	10115 CEDAR DUNE				ADDRESS					
CITY-ST-ZIP	TAMPA FL 33624		1	1.4 OFTY-:	Y Y					
TITLE	INMINITE COOLT	Т		2.1 Tille	51-211		r] Change	Addition	
NAME		_	•	2.2-NAME						
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP			II.	2. 4 CITY-	ì					
TITLE				3 1 TITLE	<u> </u>			Change	Addition	
NAME				3 2 NAME			_	-		
STREET ADDRESS			1:	3.3 \$ 1REE	I ADDRESS					
CITY-ST-ZIP			B	3.4. CITY -						
TITLE				4.1 TITLE] Change	☐ Addition	
NAME			1.	4. 2 NAME						
STREET ADDRESS			Į.	4.3 STREE	ADDRESS					
CITY-ST-ZIP			, <u>.</u>	4.4 DITY-3	ST-ZIP					
TITLE			DELETE :	5 1 TITLE				Change	Addition	
NAME				5 2 NAME						
STREET ADDRESS				5 3 6 18EE	ADDRESS					
CITY-ST-ZIP				5 4 CITY - :	S1 - 7IP					
TITLE			DOLFTE. I	6 1 TITLE				Change	Addition	
NAME			.	6.2 NAME						
STREET ADDRESS			Į t	G.3 \$TREE	ADDRESS					
CITY-ST-ZIP				6.4 CITY-3	31 - 7IP					

14. I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Socion 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.