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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

May 15 1997 8:00am

Secretary of State

812 STD 3773

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # **P96000006260** (9)

CAFE MANAGEMENT ASSOCIATES, INC.

Principal Plac	e of Business	Mailing Address			T (MANISAN) IIM ANIIN MIIII HAIII DAIRE MARIE	##!!1 ##!!# #!!!# #!###	
\$ 2730 CENTRAL AVENUE       \$ 2730 CENTRAL AVENUE         ST. PETERSBURG FL 33712       ST. PETERSBURG FL 33712							
					3. Date Incorporated or Qualified 01/19/1996	3a. Date of La	st Report
	Place of Business	2a. Mailing Address	Mailing Address		4. FEI Number		Applied For
21	All also	26			upplied for		Not Applicable
Sulte, Apt.		Suite, Apt. #, elc.	27		5. Certificate of Status Desired		75 Additional e Required
City & Stat	ө	City & State			6. Election Campaign Financing		00 May Be
Zip Country		Zip Country		1 Trust Fund Contribution Added to Fees  P. This corr gration has lightlifty for intensible to year or 100,022			
25		29			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No		
	9. Name and Address of Currer	it Registered Agent			10. Name and Address of New Re		
KNAI	UST, WARREN J ESQ.		81	Name			
	CENTRAL AVENUE		83	Street Add	ress (P.O. Box Number is Not Acceptat		
ST. F	PETERSBURG FL 33712		"	Sileer Add	ress (1.0. box Number is Not Acceptat	10.7	
			83	3			
			84	City		85	Zip Code
				., .,		FL  **	Lip could
office or r agent. I a SIGNATURE	registered agent, or both, in the State im familiar with, and accept the oblig	of Florida. Such change was ations of, Section 607.0505, F	authorized t forida Statute	y the corpora s.	poration submits this statement for the r tion's board of directors. I hereby accep	of the appointmen	Las registered
12.	Signature, typod or printed name of registered age OFFICERS AN		13.	pent signature requi	ired where reinstaling)  ADDITIONS/CHANGES TO OFFIC	DATE CERS AND DIRECT	TORS IN 12
TITLE	DIP DELETE		1.1 TITLE		ABBITIONS/OFFICIALIZED TO OFFIC	Char	
NAME	STOBER, ERIC	_					
STREET ADDRESS	% 2730 CENTRAL AVENUE		1.3 STREET ADORESS				
CITY-ST-ZIP	ST. PETERSBURG FL 33712		1.4 CITY- ST-ZIP				
TITLE	SITIUPID DELETE		2 1 TITLE			Char	nge Addition
NAME	MARREN J. NN 2730 LENYAAL	AU51	2.2 NAML 2.3 STREET ADDRESS				
STREET ADDRESS	2730 LENYAAL	MA, FL 5371					
CITY-ST-ZIP	ST. PETERS B			S1 - 7(P			
TITLE		L_I DELETE	3 1 TITLE			L Char	nge L Addition
NAME			3 2 NAME				
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP TITLE	DELETE		4.1 TITLE	· S1 - Z(P		Char	nge 🔲 Addition
NAME			4, 2 NAM	,			igo El Addition
STREET ADDRESS				1 ADDRESS			
CITY-ST-ZIP			4.4 CITY	j			
TITLE		DELFTE	5.1 TITLE	31-211		Char	nge 🔲 Addition
NAME		_	5.2 NAME			<del></del>	-
STREET ADDRESS			5 3 STAFE	LADDRESS			
CITY-ST-ZIP			5.4 CITY-				
TOTLE		DELITIE	6.1 TITLE			☐ Char	nge Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 \$1RE	1 ADDRESS			
CITY-ST-ZIP			6.4 CHY-				
informatio	on indicated on this annual report or s	supplemental annual report is the receiver or trustee empo	true and acc wered to exc	curate and tha	d in Section 119.07(3)(i), Florida Statule t my signature shall have the same lega rt as required by Chapler 607, Florida 9	d effect as if maða	e under oath, that