SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P96000015904 (1)

HARPER'S CAFE, INC.

Principal Place of Business

DOCUMENT #

69 STOCKTON STREET JACKSONVILLE FL 32204

2. Principal Place of Business

HOANG, KIM

69 STOCKTON STREET

JACKSONVILLE FL 32204

3220425 DUVAL

21 69 STOCK TON

Suite, Apt #, etc

City & State

22

23

24

Mailing Address

2a. Mailing Address

City & State

29

9. Name and Address of Current Registered Agent

69 STOCKTON STREET JACKSONVILLE FL 32204

69 STOCKTON

JACKSON VILLE

Country

82

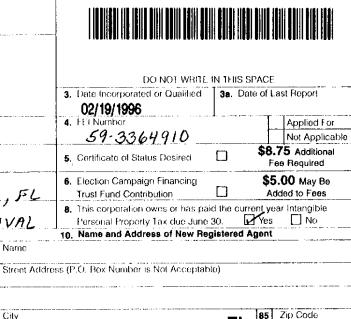
83

DU VAL

Name

APPROVEDAND FILED

97 JUL 24 AM 9: 11 SECRETARY OF STATE TALL AHASSEE, FLORIDA



84 City 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. Thereby accept the appointment as registered agent 1 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutos. SIGNATURE (NOTE: Registered Agent signature required when terristating) Signature, typed or printed name of registered agent and title if applicable OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 12. Change Addition T DELETE TITLE HOANG, KIM 1.2 NAME NAME 800002250848-69 STOCKTON STREET 1,3 STREET ADDRESS -07/29/97--01074--024 STREET ADDRESS ****165 IIU Addition JACKSONVILLE FL 32204 4.4 CHY-SI-2II CITY - ST- ZIP DELLTE 2.1 TITLE THILE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS 2. 4 CITY - S1 - ZIP CITY-ST-ZIP Change Addition DELETE 3.1 1011 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY- ST - 74P CITY-ST-ZIP ■ Addition Change DELETE 4.1 1811 TIME 4. 2 NAMI NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP Change noitibbA 🔲 DELETE 5.1 HHLF TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 C(1Y - S1 - ZIP CITY-S1-7IP Change Addition DELETE 6.1 HH F THIE 6.2 NAME NAMÉ 6.3 STREET ADDRESS STREET ADDRESS 6.4 C(1Y+S1+Z)P CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 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 charged, or on an attachment with an address.

7-10-0-1