03031999-90087-044-\$150.00-\$150.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED Mar 03, 1999 8:00 am Secretary of State

03-03-1999 90087 044 ***150.00

DOCUMENT # P96000025672 1. Corporation Name NEWK'S CAFE, INC.

MEMV.2	CAFE, INC.	,			
Principal Plac	e of Business	Mailing Address		1 1901/401 ten laufe dert mark barn anne	
514 CHANNELSIDE DR		P.O. BOX 10965			
TAMPA FL 33602 TAMPA FL 33879		TAMPA FL 33679		DO NOT WRITE IN THIS	CDACE
j					7
				3. Date incorporated or Qualifed	. 1
				03/15/1996	
2. Principal Place of Business 2a. Mailing Ad		2a. Mailing Address		4. FEI Number	Applied For
21		26		59-3365569	Not Applicable
		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27		3. 00.000	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year in	
24	(25)	29	30	Personal Property Tax.	☐ Yes ☐ No
	9. Name and Address of Current			10. Name and Address of New Registered	Agent
			81 Name	FREN A. P. HMAN	-
NEA	IKIRK, JACK F				
	W PLATT ST		82 Street Addr	ess (P.Q. Box Number is Not Acceptable)	· · ·
TAMPA FL 33609			63		
INMENTE GROSS			[⁶⁶] 5	216 W. SWANN AVENUL	
}			84 City		85 Zip Code
				AMPA FL	33609
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statute	s, the above-named corporation	pretton submits this statement for the purpose of in's board of directors, i hereby accept the appoint	changing its registered
office or i	registered agent, or both, in the State of	r Florida, Such change was au nos af. Section 607.0505. Flori	inonzeg by me corporatio da Statut#8.	IT & DOBIG OF GRECOGIS. 1 HOLDLY GOODIE WAS OPPO-	
1	X Jan 4 Tett	GARY	A. Pittman	· 7/24.	/99
SIGNATURE	Signature, typed or pripage name of registered agent		Registered Agent signature required	(Aren reinstating)	6
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN	DOUBECTORS IN 12 Change Addition Change Addition
TITLE	P	DELETE	2.1 TILE P		☑ Change ☐ Addition —
1	NEWKIRK, JACK F		12 NAME	WKIEK JACK F. 702 W. LEONA Street	太
NAME	3707 W PLATT ST		1.3 STREET ADDRESS 4	702 W. LEONA STREET	();
STREET ADDRESS			1 7	AMOR FL - 33629	12
CITY-ST-ZIP	TAMPA FL 33609			The South	☐ Change ☐ Addition ☐
TITLE	(VP	☑ DELETE	2.1 TITLE		Commiss Commission
NAME	DELAPARTE, ANDY A		22 NAME		į.
STREET ADDRESS	17021 SHADY PINES DR		2.3 STREET ADDRESS	, r g mark	ļ
CITY-ST-ZIP	LUTZ FL 33614	,	2.4 CITY-ST-ZIP		<u> </u>
TITLE	VP	OELETE.	3.1 TITLE		☐ Change ☐ Addition
NAME	GIESEKING, WILLIAM		3.2 NAME		· {
1	961 WICKET RUN DR		3.3 STREET ADDRESS		ļ
STREET ADDRESS	••••		1		\[\]
CITY-ST-ZIP	BRANDON FL 33510	□ DELETE	34 CITY-ST-ZIP		☐ Change ☐ Addition
-me	-VP	LI VELECE	41.TME	<u>سى ئارات دېرىد سى سىد يې دې دېرې دې دې</u>	
NAME	PITTMAN, GARY A		4.2 NAME		}
STREET ADDRESS	4216 W SWANN AVE		4 3 STREET ADDRESS		Ì
CITY-ST-ZIP	TAMPA FL 33609		4.4 CTTY-ST-ZIP		CICharas Ci Addisa
TITLE		☐ DELETE	5.1 TITLE	• .	☐ Change ☐ Addition
NAME	}		52 NAME	•	}
STREET ADDRESS	}		5.3 STREET ADDRESS		, }
1			5.4 CiTY-ST-ZIP		
CITY-SI-ZIP					Change Addition
TITLE		DELETE	&1 TITLE		C 4400-82
	}	☐ DELETE			0.4.4.
NAME		☐ DELETE	6.2 NAME		
NAME STREET ADORESS		☐ DELETE	6.2 NAME 8.3 STREET ADDRESS		
		□ DELETE	8.2 NAME 8.3 STREET ADDRESS 8.4 CITY-5T-ZIP	action 119 07/31/i) Florida Statutes, I further cer	

14. I 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 legat 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 of an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/99

(813)286-1500