

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

PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 07, 2000 8:00 am
Secretary of State

04-07-2000 90039 035 ***150.00

DOCUMENT # **P96000036862**

1. Corporation Name

SANTIONI'S CAFE EXPRESS, INC.

Principal Place of Business

**10464 PHILLIPS HIGHWAY
JACKSONVILLE FL 32256**

Mailing Address

**10464 PHILLIPS HIGHWAY
JACKSONVILLE FL 32256**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/16/1996

4. FEI Number

59-3375520

Signature of
Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid to the State of Florida
Personal Property Tax due June 30, 1999 ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**SANTIONI, BRUNO
10464 PHILLIPS HIGHWAY
JACKSONVILLE FL 32256**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when name change)

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12. OFFICERS AND DIRECTORS

TITLE	PTD	☐ DELETE
NAME	SANTIONI, BRUNO	
STREET ADDRESS	10464 PHILLIPS HWY	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	SD	☐ DELETE
NAME	SANTIONI, SILVANA	
STREET ADDRESS	10464 PHILLIPS HWY	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Add
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	☐ Change ☐ Add
2.1 TITLE	☐ Change ☐ Add
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	☐ Change ☐ Add
3.1 TITLE	☐ Change ☐ Add
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	☐ Change ☐ Add
4.1 TITLE	☐ Change ☐ Add
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	☐ Change ☐ Add
5.1 TITLE	☐ Change ☐ Add
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	☐ Change ☐ Add
6.1 TITLE	☐ Change ☐ Add
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	☐ Change ☐ Add

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 199.07(3)(b), Florida Statutes, a new corporation that has not indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as that of the officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 199, Florida Statutes, and that the information in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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