FILE NOW: FILING FEE AFTER MAY 1 IS \$550 0

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT . STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000038529 (9)

CHANGING TIMES CAFE, INC.

#805

25

911 VILLAGE BLVD, SUITE 806

WEST PALM BEACH FL 33409

WIGAL, DEBRA D

Country

9. Name and Address of Current Registered Agent

Principal Place of Business

Mailing Address

2a. Mailing Address

City & State

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Suite, Apt. #, etc.

911 VILLAGE BLVD. SUITE 606 WEST PALM BEACH FL 33409

2. Principal Place of Business SCAME

Sulte, (pt. #) etc.

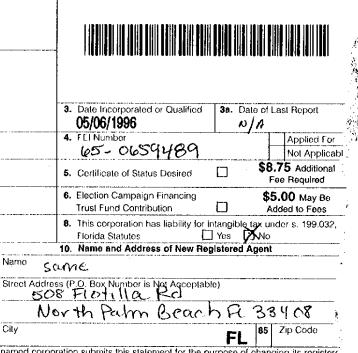
City & State

Zip

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911 VILLAGE BLVD. SUITE 806 WEST PALM BEACH FL 33409-1938 FILED
May 20 1997 8:00am
Secretary of State



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حوليملين

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 607,4505, Florida Statutes.						
SIGNATURE	Signature, typed or pratied name of registered agent and title if apply a	all all the	ngistéred Agent signature i		DA1F	<i>:</i>
12.	OFFICERS AND DIRECTORS	ine (NOTE N	13.	ADDITIONS/CHANGES TO OFFICE		S IN 12
TITLE	D	DELETE	1.1 TITLE	D/2/3	Change	L Ad
NAME	WIGAL, DEBRA D		1.2 NAME	Denca D. Wigal	, ,	
STREET ADDRESS	911 VILLAGE BLVD, SUITE 806		1.3 STREET ADDRESS	508 Flotilla Rd		
CITY-ST-ZIP	WEST PALM BEACH FL 33409		1.4 CITY - ST - ZIP	Debra D. Wigal 508 Flotilla Rd North Palm Beau	Jn FL 3340	<i>3</i> C
TITLE		DELETE	2.CTILLE		Change	Addi.
NAME			2.2 NAME			
STREET ADDRESS			2.3 STREET ADDRESS			
CITY-ST-ZIP			2.4 CITY-ST-ZIP			
TITLE		DELETE	3.1 THEE		Change	Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4, CHY-S1-ZIP			
TITLE		DELETE	4.1 TITLE		☐ Change	Addition
NAME			4 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE		☐ Change	Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP	_		5.4 CITY-ST-ZIP			
TITLE		☐ DELETE	6.1 THLE		Change	Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP			6.4 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 eath; 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 shanged, or on an attachment with an address.						

Country

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84 City

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