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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State \*

DIVISION OF CORPORATIONS

## DOCUMENT # P96000041408 (1)

1. Corporation BROOKL	YN CAFE, INC.	741400 (1)					
Principal Place	e of Business	Mailing Address	illing Address				gi jari kadi
8021 GATEWAY AVE ORLANDO FL 32821		8021 GATEWAY AVE ORLANDO FL 32821-8256					
					3. Date Incorporated or Qualified 05/09/1996	3a. Date of Last R	lepart
2. Principal Pl	lace of Business	2a. Mailing Address 26			4. FEI Number 65~067076	' F -	pplied For of Applicable
Suite, Apt.	· ·	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75	Additional equired
City & State		City & State			6. Election Campaign Financing	\$5.00	May Be
Zip	Country	<b>Z</b> (p)	Country		Trust Fund Contribution  8. This corporation has liability for		to Fees . 199.032.
24 *	25 25 Current R		30		Florida Statutes	Yes 🔲 No	. ,00.002,
	9, Name and Address of Current R	egistered Agent	81 Name		10. Name and Address of New Re	iglstered Agent	
5104	NERRAUM, MIKE 4 NORTH CANE ANDO FL 32808			Addres	ichard Ver ss (P.O. Box Number is Not Acceptate 20 S. Kirkm	····	) o(l
. · ·	(		84 City	01	rlando	FL 65 79.	Code
11. Pursuant toffice or reagent. Lar	to the provisions of Sections 607.0502 a egistered agent, or both, in the State of m familiar with and account the obligation	nd 607, 1508, Florida Statule: Florida Such change was auns of, Sostion 607,0505, Flor	s, the above-named uthorized by the con rida Statutes.	i corpoi poratio	ration submits this statement for the n's board of directors. I hereby acce	ourpose of changing it pt the appointment as	ts registered registered
	Signature, typed or printed name of registered agent as		Fregistered Agent signature	e required		DATE	
12.	OFFICERS AND D		13.		ADDITIONS/CHANGES TO OFFIC		
TITLE	VERNA, RICHARD	L] DELETE	11 THE			L_] Change	Addition
NAME STREET ADDRESS	4220 S KIRKMAN RD APT 1204		1.2 NAME 1.3 STREET ADDRESS				
CITY-ST-ZIP	ORLANDO FL 32811		1.4 C(1Y - S1 - ZIP	1			
TITLE	VIII 100 10 000 1	DELETE	2.1 TALE	†	- Like symmetry - Like sweet,	Change	Addition
NAME			2 2 NAME				
STREET ADDRESS			2.3 STREET ADDRESS				
CITY-81-ZIP	ļ., <u>.</u> ,		P 4 CITY-ST-ZIP				
TITLE		L] DELETE	B.1 TITLE			☐ Change	Addition
NAME			B.2 NAME	1			
STREET ADDRESS			3.3 STREET ADDRESS				
CITY-ST-ZIP TITLE		DELETE	3.4. C(1Y - ST - Z(P 4 1 1)TLE	<del> </del>		Change	Addition
NAME		<u> </u>	4.2 NAME			u	
STREET ADDRESS	 I		4.3 STREET ADDRESS				
CITY-ST-ZIP	<u> </u>		4.4 CITY - ST - ZIP	ļ			
TITLE		DELETÉ	5.1 THILE	]		Change	Addition
NAME			5.2 NAME .				
STREET ADDRESS			53 STREET ADDRESS				
CITY-ST-ZIP		DELETE	5.4 CiTY - ST - ZiP	ļ <u>.</u>		TT Channe	Addition
TITLE NAME		L_ DUIGIL	6.1 THLE 6.2 NAME	}		Change	<b>∟</b> Addition
STREET ADDRESS			-6.3 STREET ADDRESS				
CITY-ST-ZIP			6.4 CHY - S1 - ZIP				
	by certify that the information supplied wanted an information supplied was information supplied to supplied the control of th	ith this filing does not qualify		stated i	n Section 119.07(3)(i), Florida Statute	es. I further certify that	the
Information	on Indicated on this annual report or sup- ifficer or director of the corporation or the	plementa: annual report is tru e receiver or trustee empowe	ue and accurate and ered to execute this	d that n report :	ny signature shall have the same lega as required by Chapter 607, Florida s	al effect as it made un Statutes, and that my i	ider oath; that: name

CIONIATURE.

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**FILED** 

May 19 1997 8:00am

Secretary of State