

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Candice B. Northing
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jun 04 1997 8:00am
Secretary of State

DOCUMENT # P96000045947 (4)

1. Corporation Name

CAFE ALFRESCO OF PALM HARBOR, INC.



Principal Place of Business

437 GARDENIA ST
BELLEAIR FL 34618

Mailing Address

437 GARDENIA ST
BELLEAIR FL 34616-1006

3. Date Incorporated or Qualified

05/23/1996

3a. Date of Last Report

2. Principal Place of Business

21 2800 Alternate US 19

Suite, Apt. #, etc.

22 City & State

23 Palm Harbor, FL

Zip

24 34683

Country

25 USA

2a. Mailing Address

26 148 Marina Plaza

Suite, Apt. #, etc.

27 City & State

28 Dunedin, FL

Zip

29 34698

Country

30 USA

4. FEI Number

59-3395178

Applied For

Not Applicable

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

CLINE, HARRY S
400 CLEVELAND ST SUITE 800
CLEARWATER FL 34615

10. Name and Address of New Registered Agent

81 Name

82 Peter W. Kreuziger

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

148 Marina Plaza

84

City

Dunedin

FL

85 Zip Code

34698

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 a resident of the State of Florida, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of the registered agent is required when reinstating.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME DP
LAMBERT, HARRY W
STREET ADDRESS 437 GARDENIA ST
CITY-ST-ZIP BELLEAIR FL 34618

TITLE ☐ DELETE

NAME DV
RIEDL, KARL
STREET ADDRESS 1000 LYNHURST
CITY-ST-ZIP DUNEDIN FL 34698

TITLE ☐ DELETE

NAME DV
KREUZIGER, PETER W
STREET ADDRESS 1099 VIRGINIA ST
CITY-ST-ZIP DUNEDIN FL 34698

TITLE ☐ DELETE

NAME DST
REAGIN, LESLIE D III
STREET ADDRESS 720 BLUFF VIEW DR
CITY-ST-ZIP LARGO FL 34640

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 ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 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 in an attachment with an address.

CR2E034 (9/96)