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

**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT #** P96000046612 1. Corporation Name

CAFE CELLINI, INC.

Feb 05, 1999 8:00am							
Secretary of State							
02-05-1999 90022 032 ***150 00							

**FILED** 



Principal Plac	ce of Business	Mailing Address				- 1 19611085 119 18158 91151 08111 1		ENNYM METRIN METRI		
2505 SO. OCE	AN BLVD.	2505 SO. OCEAN BLVD.				,	•			
PALM BEACH	FL 33480	PALM BEACH FL 33480	•			, , , , , , , , , , , , , , , , , , , ,		:		
		•				DO NOT WE		SPACE		-
						3. Date Incorporated or Qualifed	J			
2 Principal F	Place of Business	, Address				06/03/1996		1 1 4		4
Z. Prinicipal P	riace of business	<del></del>	2a. Mailing Address				4. FEI Number Applied For			
Suite, Apt.	# etc	Suite, Apt. #, etc.				65-0677704		<del></del>	ot Applicable	- 8
30110, Apr.	. #, Bio.	27	_			5. Certifcate of Status Desired			Additional equired	1 '
City & Star	te	City & State	-			& Election Compaign Financing				
3		28				6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees				
Zip	Country	Zip	Cou	ıntry		8. This corporation owes the cut	rent vear Inta			1
4	25	29	30	-		Personal Property Tax.	Toric your min	Yes	□No	
-1	9. Name and Address of Current	t Registered Agent	11			10. Name and Address of New	Registered A	Agent		1
	<b>产业的主席</b>	以解析的 1世		81	Name	:				1
	AKIS, GREGORY			82	Street Address	ss (P.O. Box Number is Not Accept	lable)		·	4
	5 SO. OCEAN BLVD.			02	Street Addres	ss (P.O. Box Number is Not Accep	lable)			
PAL	M BEACH FL 33480	•		83			清海 知	14 有某种		1
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				04	City .		FL	85 Zip	Codé' '``	
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statu	ites, the a	bove-	named corpor	ration submits this statement for the	purpose of	changing its	registered	
agent. I a	registered agent, or both, in the State of am familiar with, and accept the obligati	of Florida: Such change was ions of, Section 607.0505, FI	autnonzeo orida Stat	a by tr tutes.	ne corporation	is board of directors. I hereby acce	pt the appoir	ntment as re	gistered	
SIGNATURE			•							
	Signature, typed or printed name of registered agent		E: Registered	Agent :	signature required v	when reinstating)	DATE			í
12.	OFFICERS AND		13.		<del></del>	ADDITIONS/CHANGES TO O	FICERS AN			9
TITLE	PST	☐ DELETE	1.1 TI			1 TO STATE (4)		Change	☐ Addition	1
NAME	GAVAKIS, GREGORY		1.2 N		•					1 5
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TITLE .			2.1 1₹					Change	Addition	`
NAME			2.2 N/							
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TITLE	1.08, C. 190.00 C.	Section 1 DELETE	3.1 Π					☐ Change	Addition	
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STREET ADDRESS	and Marine				DDRESS .	• •				

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 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

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