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 # P96000049557

1. Corporation Name

CELEBRATIONS CAFE & BAKERY, INC.

Principal Place of Business

Mailing Address

Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90162 003 ***150.00



904 N. MAIN STREET GAINESVILLE FL 32601		904 N. MAIN STREET Gainesville FL 32601					DO NOT WR	TE IN THIS S	SPAC	E	
						3.	Date Incorporated or Qualifed 06/10/1996				·
Principal Place of Business 2a. Mailing Address						4.	FEI Number		\top	And	lied For
21		26	·				59-3383867		-		Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc.							\$8		dditional
22		27				5.	Certificate of Status Desired		-	ee Red	
City & Stat	е	City & State				6.	Election Campaign Financing		\$5	5.00	vlay Be
23		28					Trust Fund Contribution		A	ded to	Fees
Zip	Country	Zip					This corporation owes the curr		_		
24	25		30				Personal Property Tax.		Ye	s	X _{No}
	9. Name and Address of Current	Registered Agent	81	т.		10.	Name and Address of New	Registered A	gent		
CAS	E MCUAEL E		6,	'	Name						
CASE, MICHAEL E 904 N. MAIN STREET				82 Street Address (P.O. Box Number is Not Acceptable)							
GAINESVILLE FL 32601			83	\perp							
GAII	TEOTICE TE OZOUT		83	']							
			84	1	City			FL	85	Zip C	ode
11. Pursuant	to the provisions of Sections 607 0502	and 607 1508. Florida Statutes.	the above	e-n	amed corpora	ation	submits this statement for the		hangi	ng its r	egistered
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 req							ainstation)	DATE			
12.	OFFICERS AND		13.	ns and	gratera roquirec m		ADDITIONS/CHANGES TO OF		DIR	ECTO	RS IN 12
TITLE	PVTS 2	DELETE	1.1 TITLE			_				ange	Addition
NAME	RAJAEE, MOHAMMAD		1.2 NAME								
STREET ADDRESS	9616 SW 67TH DR		1.3 STREET	TAD	XDRESS						l
CITY-ST-ZIP	GAINESVILLE FL 32608		1.4 CITY-S	T-Z	IP						
TITLE			2.1 TITLE						□ Cr	ange	Addition
NAME			2.2 NAME								ĺ
STREET ADDRESS			2.3 STREET	ET ADDRESS							}
CITY-ST-ZiP			2. 4 CITY-S	ST-Z	gp						ļ
TITLE		☐ DELETE	3.1 TITLE						☐ Ch	ange	Addition
NAME.			3.2 NAME								
STREET ADDRESS			3.3 STREE	TAD	XORESS						Í
CITY-ST-ZIP			3.4. CITY-S	ST-Z	tiP						
TITLE		☐ DELETE	4.1 TITLE			_			□ Ch	ange	☐ Addition
NAME			4. 2 NAME								
STREET ADDRESS			4.3 STREET ADDRESS		DORESS						l
CITY-ST-ZIP			4.4 CITY-ST-ZIP		lb			_	_		
TITLE DELETE			51 TITLE				_ _		Ch	ange	☐ Addition
NAME			5.2 NAME								
STREET ADDRESS			5.3 STREET	T AD	DRESS						ļ
CITY-ST-ZIP			5.4 CITY-S	T-ZI	IP						
TITLE	<u> </u>	☐ DELETE	6.1 TITLE						☐ Ch	ange	☐ Addition
NAME			6.2 NAME								
STREET ADDRESS			6.3 STREET	TAD	DRESS						ļ

14. I hereby certify that the information supplied with this tilling 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 applemental 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 trusted 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.

6.4 CITY-ST-ZIP

SIGNATURE

CITY-ST-ZIP

E OF SIGNING OFFICER OR DIRECTOR