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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9600063816 (8)

JUBILEE CAFE, INC.

Principal Place of Business

Mailing Address

FILED Apr 09 1997 8:00am Secretary of State



	C DI DOSHOSS										
4350 WEST CYPRESS STREET TAMPA FL 33607			4350 WEST CYPRESS STREET TAMPA FL 33607-4164								
							3. Date Incorpor 08/01/1990	rated or Qualified	3a. Dat	e of Last	Report
2. Principal P	lace of Busines	\$	2a. Mailing	Address			4. FEI Number	<u> </u>			applied For
11			26	26			59-	33458	4フ		lot Applicable
Suite, Apt	#, etc.			ot. #, etc.					H		Additional
22			27				5. Certificate of	Status Desired	니	Fee F	Pequired
City & State	9		City & St	tate			6. Election Camp	paign Financing		\$5.00	May Be
23			28				Trust Fund Co	ontribution	/	Addec	to Fees
Zip		Country	Žiρ		Countr	y	This corporation	ion has liability fo <u>r i</u>			s. 199.032,
24	25		29		30		Florida Statuti] No	
			ent Registered Age	ent	81	Libraria	10. Name and A	ddress of New Re	gistered A	gent	
	llmon, myo				91	Name					
		RESS STREET			82	Street Add	dress (P.O. Box Numb	er is Not Acceptat	ole)		
TAN	IPA FL 33607				-	<u> </u>			····		
					83						
					84	City		· · · · · · · · · · · · · · · · · · ·		65 Zip	Code
			1007 4500	F		L			FL	<u> </u>	***
11. Pursuant I	to the provision egistered agen	s of Sections 607.08 Lor both, in the Sta	502 and 607.1508, I ite of Florida. Such o	Florida Statui change was	ies, the abov authorized b	e-named col v the corpora	prporation submits this ration's board of direct	statement for the ports. I hereby accer	ourpose of a	cnanging intment a	its registered s registered
		and present the obt	of Constan	CAY KEAC P							
agent 1 a	m familiar with,	and accept the ob-	igations of, Section	607.0505, Fi	orioa Statute	S .					
agent La SIGNATURE											
SIGNATURE		unted name of registered a	agent and title if applicable		E: Registered Ag		puired when reinstaling)		DATE		
SIGNATURE	Stignarure, typed or p	unted name of registered a	agent and title if applicable	(NO)	TE: Registered Ag		puired when reinstaling)	HANGES TO OFFIC	DATE CERS AND	DIRECTO	RS IN 12
SIGNATURE 12. TILE	Signature typed or p	OFFICERS A	agent and title if applicable		TE: Registered Ag 13. 1.1 TITLE		puired when reinstaling)		DATE CERS AND		RS IN 12
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miormation 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 or Lam 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 bringed, or on an attachment with an address.

Daytime Phone #