

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Oct 01 1998 8:00am
Secretary of State

DOCUMENT # **P96000087529 (9)**

1. Corporation Name

MUSEUM CAFE OF BOCA RATON, INC.



Principal Place of Business

% LARRY VAVALA
22468 ENSENDA WAY
BOCA RATON FL 33433

Mailing Address

% LARRY VAVALA
22468 ENSENDA WAY
BOCA RATON FL 33433

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/23/1996

4. FEI Number

65-0729275

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25 29 30

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

UCC FILING & SEARCH SERVICES, INC.
526 EAST PARK AVE, SUITE 200
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name **Dennis Max**
82 Street Address (P.O. Box Number is Not Acceptable) **490 E. Palmetto Park Rd. #110**
83
84 City **Boca Raton** FL 85 Zip Code **33432**

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 607.0605, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9/16/98

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **VAVALA, LARRY**
STREET ADDRESS **490 EAST PALMETTO PARK ROAD, SUITE 110**
CITY-ST-ZIP **BOCA RATON FL 33432**

TITLE **D** ☐ DELETE
NAME **VAVALA, MICHELLE**
STREET ADDRESS **490 EAST PALMETTO PARK ROAD, SUITE 110**
CITY-ST-ZIP **BOCA RATON FL 33432**

TITLE **D** ☐ DELETE
NAME **RICKEN, NORMAN**
STREET ADDRESS **490 EAST PALMETTO PARK ROAD, SUITE 110**
CITY-ST-ZIP **BOCA RATON FL 33432**

TITLE **D** ☐ DELETE
NAME **MAX, DENNIS**
STREET ADDRESS **490 EAST PALMETTO PARK ROAD**
CITY-ST-ZIP **BOCA RATON FL 33432**

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 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.

SIGNATURE

9/16/98 **561-397-0Xell**

CR2E034 (5/98)