

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

FILED
May 08 1998 8:00am
Secretary of State

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| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # **P96000089210 (4)**

1. Corporation Name
CAFE ECLECTIC INC.



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|---|---|
| Principal Place of Business 28100 U.S. 19 NORTH SUITE 103 CLEARWATER FL 34621 | Mailing Address 28100 U.S. 19 NORTH SUITE 103 CLEARWATER FL 34621 |
|---|---|

DO NOT WRITE IN THIS SPACE

| | | | | | | |
|---|--|--|--|--|---|--|
| 2. Principal Place of Business 21 1536 Willow Brook Dr Suite, Apt. #, etc. 22 City & State 23 Palm Harbor FL Zip 24 34683 Country 25 USA | | 2a. Mailing Address 26 1536 Willow Brook Dr Suite, Apt. #, etc. 27 City & State 28 Palm Harbor FL Zip 29 34683 Country 30 USA | | 3. Date Incorporated or Qualified 10/29/1996 | 4. FEI Number 59-3406956 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | |

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|--|--|--|--|--|--|--|--|
| 9. Name and Address of Current Registered Agent MARTINO, RYAN 28100 U.S. 19 NORTH SUITE 103 CLEARWATER FL 34621 | | | | 10. Name and Address of New Registered Agent 81 Name Dennis Martino 82 Street Address (P.O. Box Number is Not Acceptable) 1536 Willow Brook Dr 83 84 City Palm Harbor FL 85 Zip Code 34683 | | | |
|--|--|--|--|--|--|--|--|

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, 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]* **President** **4/28/98**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|--|
| TITLE | <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | MARTINO, DENNIS | 1.2 NAME | JOANN Martino |
| STREET ADDRESS | 1536 WILLOW BROOK DRIVE | 1.3 STREET ADDRESS | 1536 Willow Brook Dr |
| CITY-ST-ZIP | PALM HARBOR FL 34683 | 1.4 CITY-ST-ZIP | Palm Harbor, FL 34683 |
| TITLE | <input checked="" type="checkbox"/> DELETE | 2.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MORGAN, JOSEPH A | 2.2 NAME | Dennis Martino |
| STREET ADDRESS | 222 12TH AVE SOUTH | 2.3 STREET ADDRESS | 1536 Willow Brook Dr |
| CITY-ST-ZIP | SAFETY HARBOR FL | 2.4 CITY-ST-ZIP | Palm Harbor, FL 34683 |
| TITLE | <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MARTINO, RYAN | 3.2 NAME | |
| STREET ADDRESS | 1536 WILLOW BROOK DR | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | PALM HARBOR FL | 3.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MARTINO, DENNIS | 4.2 NAME | |
| STREET ADDRESS | 1536 WILLOW BROOK DR | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | PALM HARBOR FL | 4.4 CITY-ST-ZIP | |
| TITLE | <input checked="" type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MORGAN, JOSEPH A | 5.2 NAME | |
| STREET ADDRESS | 222 12TH AVE SOUTH | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | SAFETY HARBOR FL | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 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 its 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.

CR2E034 (10/97)