

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

FILED
Apr 15 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P97000007362 (1)

1. Corporation Name

THE ORIGINAL SCI-FI CAFE & EMPORIUM, INC.



Principal Place of Business

1402 EAST LAS OLAS BLVD., SUITE 1038
FORT LAUDERDALE FL 33301

Mailing Address

1402 EAST LAS OLAS BLVD., SUITE 1038
FORT LAUDERDALE FL 33301

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21 1132 SE 2ND AVE	26 1132 SE 2ND AVE	4. FEI Number 65-0736875	
Suite, Apt. #, etc.		Applied For	
22 City & State		Not Applicable	
23 FT. LAUDERDALE, FL	27 FT. LAUDERDALE, FL	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 33316	25 U.S.	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
29 33316	30 U.S.		

9. Name and Address of Current Registered Agent

GREENE, RICHARD P P.A.
2455 EAST SUNRISE BLVD., SUITE 905
FORT LAUDERDALE FL 33304

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DELETED	1.1 TITLE	Change Addition
NAME	DELETED	1.2 NAME	Change Addition
STREET ADDRESS	DELETED	1.3 STREET ADDRESS	Change Addition
CITY-ST-ZIP	DELETED	1.4 CITY-ST-ZIP	Change Addition
TITLE	DELETED	2.1 TITLE	Change Addition
NAME	DELETED	2.2 NAME	Change Addition
STREET ADDRESS	DELETED	2.3 STREET ADDRESS	Change Addition
CITY-ST-ZIP	DELETED	2.4 CITY-ST-ZIP	Change Addition
TITLE	DELETED	3.1 TITLE	Change Addition
NAME	DELETED	3.2 NAME	Change Addition
STREET ADDRESS	DELETED	3.3 STREET ADDRESS	Change Addition
CITY-ST-ZIP	DELETED	3.4 CITY-ST-ZIP	Change Addition
TITLE	DELETED	4.1 TITLE	Change Addition
NAME	DELETED	4.2 NAME	Change Addition
STREET ADDRESS	DELETED	4.3 STREET ADDRESS	Change Addition
CITY-ST-ZIP	DELETED	4.4 CITY-ST-ZIP	Change Addition
TITLE	DELETED	5.1 TITLE	Change Addition
NAME	DELETED	5.2 NAME	Change Addition
STREET ADDRESS	DELETED	5.3 STREET ADDRESS	Change Addition
CITY-ST-ZIP	DELETED	5.4 CITY-ST-ZIP	Change Addition
TITLE	DELETED	6.1 TITLE	Change Addition
NAME	DELETED	6.2 NAME	Change Addition
STREET ADDRESS	DELETED	6.3 STREET ADDRESS	Change Addition
CITY-ST-ZIP	DELETED	6.4 CITY-ST-ZIP	Change Addition

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 of 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: _____

CR2E034 (10/97)