

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

DOCUMENT # **P97000014577 (5)**
1. Corporation Name

CAFE DAVIDS, INC.

Principal Place of Business
P.O. BOX 1701
DELRAY BEACH FL 33447

Mailing Address
P.O. BOX 1701
DELRAY BEACH FL 33447

FILED

98 NOV 16 AM 8:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/13/1997

4. FEI Number

65-0750654

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

21. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22. City & State

27. City & State

23. Zip

Country

28. Zip

Country

24. **33435**

U.S.A.

29.

30.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MOORE, DEBORA R
2101 CORPORATE BLVD
SUITE 415
BOCA RATON FL 33431

81. Name

DAVID M. MITCHELL

82. Street Address (P.O. Box Number is Not Acceptable)

3669 SOUTH FEDERAL HIGHWAY

83.

84. City

BOYNTON BEACH, FL

85. Zip Code

33435

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 obligation of, section 607.0505, Florida Statutes.

SIGNATURE **David M. Mitchell**
Signature, typed or printed name of registered agent and date if applicable.

DAVID M. MITCHELL
(NOTE: Registered Agent signature required when reinstating)

9-30-98
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PSD** ☐ DELETE
NAME **MITCHELL, DAVID M**
STREET ADDRESS **P.O. BOX 1701 N/A**
CITY-ST-ZIP **DELRAY BEACH FL 33447**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME **900002691859--0**
1.3 STREET ADDRESS **-11/19/98--01084--014**
1.4 CITY-ST-ZIP ******400.00 ****400.00**

TITLE **VD** ☒ DELETE
NAME **DEOREO, DAVID**
STREET ADDRESS **P.O. BOX 1701 N/A**
CITY-ST-ZIP **DELRAY BEACH FL 33447**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME **900002691859--0**
2.3 STREET ADDRESS **-11/19/98--01084--015**
2.4 CITY-ST-ZIP ******158.75 ****158.75**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
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: **David M. Mitchell**

9-30-98 (561)734-0039

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CR2E034 (5/98)