

## **PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE **Katherine Harris** 

Secretary of State DIVISION OF CORPORATIONS

Incipal Place of Business	Malling Address		
EGLIN PARKWAY	512 EGLIN PARKWAY		
WALTON BEACH FL 32548	FT, WALTON BEACH FL 32548		

## **FILED** Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90249 040 \*\*\*150.00

• Corporation	MENT # P97000 REARTH'S CAFE, INC.				
Principal Place	e of Business	Malling Address			
512 EGUN PAR	KWAY	512 EGLIN PARKWAY		1	•
FT. WALTON BEACH FL 32548 FT. WALTON BEACH FL 3254		8	DO NOT WRITE IN TH	IIS SPACE	
					100,1102
				3. Date Incorporated or Qualifed	
			<del>.</del>	02/21/1997	Analied For
2 Principal P	lace of Business	2a. Mailing Address		FEI Number	Applied For Not Applicable
21		26		59-3455036	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	-	5. Certificate of Status Desired .	\$8.75 Additional
22		27		S. Stanton Company Classes	
City & Stat	• —— ———	City & State		6. Election Campaign Financing	\$5.00 May Be
23			Country		
Zip	Country	Zip	Country	B. This corporation owes the current year     Personal Property Tax.	Intangible ZiYes □No
24	25		<u>o </u>	10. Name and Address of New Register	
	9. Name and Address of Curre	nt Kegistered Agent	81 Name		
CAM	IPBELL, JOHN H		Jul	ie L. Campbell	
	MONAHAN DR.		82 Street Add	ress (P.O. Box Number is Not Acceptable)	
				EGLIN PARKWAY	
ri. t	WALTON BEACH FL 32547		83	The state of the s	
			84 City		85 Zip Code 3 2 5 4 8
				WALTON BEACH F	L 32548
11. Pursuant office or r agent. I a SIGNATURE	to the provisions of Sections 607.050 egistered agent, or both, in the State in familiar with, and acceptate obligations.	empored , 1/4	BUBLINE	poration submits this statement for the purpose on's board of directors. I hereby accept the ap	21.1.7.7.1
			agistared Agent signature require	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
12.		ND DIRECTORS	13.	ADDITIONS/OFFICERS	AND DIRECTORS IN 12 Change Addition
TITLE	P	( ) DETEIL	1.1 TITLE		
HAME	CAMPBELL, JULIE L		1.2 NAME		1 8
STREET ADDRESS	512 EGLIN PARKWAY	_	1.3 STREET ADDRESS		١
CITY-ST-ZIP	FT. WALTON BEACH FL 3254		1.4 CITY-ST-ZIP		Change Addition
tmE		☐ DELETE	2.1 TMLE	•	Change Addition
NAME	1		2.2 NAME		
STREET ADDRESS			23 STREET ADDRESS		}
CITY-ST-ZIP		·	2.4 CITY-ST-ZIP	· • • • • • • • • • • • • • • • • • • •	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		l
STREET ADDRESS	—	<del>_</del>	3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 City-St-ZiP		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4.2 NAME		}
OTDEET ADORSES			4.3 STREET ADDRESS		<b>}</b>
STREET ADDRESS			4.4 City-St-ZIP		
CITY-ST-ZDP		DELETE	5.1 MLE		Change Addition
TITLE		المساد	5.2 NAME		
NAME			5.3 STREET ADDRESS		•
STREET ADDRESS	[		5.4 City-St-ZP		1
CTTY-ST-ZEP		DELETE	6.1 TITLE		Change Addition
TITLE			62 NAME		Commiss Diseases
NAME	1			•	ł
STREET ADDRESS	Francisco de Santono		6.3 STREET ADDRESS		
CHY.ST. 76 (3)	1 Text 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		6.4 CITY-ST-ZIP		

ith this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information a 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 eyer or trustee antipowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in the exemption of the 14. I hereby certify that the information supplied indicated on this annual report or supplement officer or director of the corporation or the rec Block 12 or Block 13 if changed, or on an attaining the corporation of the corporation or the rec Block 12 or Block 13 if changed, or on an attaining the corporation of the corporation or the recurrence of the corporation of the corporation

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