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PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000025530 (1)

FILED Feb 09 1998 8:00am Secretary of State

	TS CAFE OF PALM HARBO		Address		····					
4946 KLOSTERMAN OAKS COURT 4946 KLOSTERMAN OAKS PALM HARBOR FL 34683 PALM HARBOR FL 34683							ĐÔ NOT WRI	TE IN THIS	SPACE	
						3. Date Incor	porated or Qualified	1		
						03/21/1				
,	Place of Business		ing Address			4, FEI Numbe	· -	~~	├ ~+	Applied For
21 Suite, Apt		26				57-	34322	47		Not Applicable
——	ι π, σις.	<u> </u>	e, Apt. #, etc.			5. Certificate	of Status Desired			Additional Required
22 City & Sta	ale	27	& State			O Flories O				
23		28	a oldio				mpaign Financing Contribution			O May Be d to Fees
Zip	Country	Zip		Coun	itry		ration owes or has p			
24	25	29		30	•		roperty Tax due Jur			□ No
<u></u>	9. Name and Address of Curr		Agent	1991			Address of New F			
\ LC	DUSARARIAN, ANGEL			E	Name					
	M8 KLOSTERMAN OAKS COUR	RT .		Ī	32 Street A	Address (P.O. Box Nur	mber is Not Accept	able)		_ _
	ALM HARBOR FL 34683									
				E	33				-,	
					34 City	·			85 Ziş	Code
t				1	1			FL	- 1 1 1	
	registered agent, or both, in the Sta am familiar with, and accept the obl	ate of Florida. Su ligations of, Sec	08, Florida Statu uch change was Iion 607.0505, Fl	ites, the abo authorized lorida Statu	ove-hamed or by the corporates.	corporation submits the poration's board of dire	ils statement for the ctors. I hereby acc	purpose o ept the app	or changing pointment a	s registered
SIGNATURE	Signature, typed or printed name of registered s		cable (NO	TE Registered /		required when reinstating)		DATE		
	Signature, typed or printed name of registered a	egant and little if applic	cable (NO		Agent signature r	required when reinstating)	is statement for the ctors. I hereby acc	DATE		DRS IN 12
SIGNATURE	Signature, typed or printed name of registered of OFFICERS A	agont and life if applic ND DIRECTOR	cable (NO S	TE Registered /	Agent signature r	required when reinstating)		DATE	D DIRECTO	DRS IN 12
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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 extachment with an address.

SIGNATURE

0115198

(813 789-0 38