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

PROFIT CORPORATION ANNUAL REPORT

1998



ILORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000054097 (5)

THEME CAFES INC.

FILED Apr 13 1998 8:00am Secretary of State

Principal Place of Business Mailing Address												AIN (a a) (aa)
1005 KANE C	ONCOURSE #203	1005 KANE CO	1005 KANE CONCOURSE #203									
	I ISLANDS FL 33154	BAY HARBOR	BAY HARBOR ISLANDS FL 33154				DO NOT WRITE IN THIS SPACE					
						ļ <u>.</u>	5			: IN THIS	SPACE	
						"	Date Inco		Qualified			
2. Principal Pl	ace of Business	2a. Mailing Add	1000				06/18/1 4. FEI Numb				—- 	pplied For
21	deg of Edsiriess	26	1033]	<i>2</i>		1418	?		lot Applicable
Suite, Apt.	#. etc.		Suite, Apt. #, etc.						-			Additional
22		27	27				5. Certificate	of Status I	Desired		+	lequired
City & State		City & State	City & State			6	6. Election C	ampaion F	inancing		\$5.00	May Be
23		28					Trust Fund	, -	•		,	to Fees
Zip	Country	Ζιρ	Country			8	8. This corporation owes or has paid the current year Inlangible					
24	25	29	30						x due June			No
	9. Name and Address of Curren	t Registered Agent		81	r	10	0. Name and	Address	of New Re	gistered	Agent	
ROMANO, KENNETH J					Name							
9540 WEST BAY HARBOR DRIVE					Street	Address ((P.O. Box Nu	mber is No	ot Acceptat	ole)		
	ITE #3			83								
BA	Y HARBOR ISLANDS FL 33154			63								
				84	City					FL	85 Zip	Code
44 Pursuant	to the provisions of Sections 607.050	2 and 607 1509 Elori	de Stalutes, the et		- popod	Lograpiati	ion aubmita t	nie statema	ant for the r		ef changing	ita ragistarad
I office or re	o the provisions of sections 607,000, egistered agent, or both, in the State in familiar with, and accept the obliga	of Florida, Such char	ioe was authorized	d by	the coru	poration's	board of dir	ectors. The	reby accer	pt the ap	pointment as	registered
SIGNATURE												
12.	Signature, type diocentrated name of registered agre OF LICERS AND		(NOTE: Bogistered	agA b	int signature	e tequired whi		ICHANGE:	S TO OFFI	DATE.	ID DIRECTO	DC IN 13
TITLE	D OF THE HIS ZUNE	DIVINI CIONS		11 F	-	1	ADDITIONS	CHANGE	3 10 01110	JENS AIN	Change	Addition
NAME	PEDUZZI, MARY-KATHERINE		1.2 NA								-	
STREET ADDRESS	356 MEADOWBROOK DRIVE		1.3 STREET ADDRESS			b who	- by	HATO	~ Uh	n 7 3	3	
CITY-ST-ZIP	HUNTINGDON VALLEY PA 19)006	1.4 CITY-ST-ZIP			a	y Harl	62 I	3hw	M	4 # 3 33/5	'
TITLE	D	Di 🗖					/			· · · · · ·	☐ Change	Addition
NAME	SYDNOR, JOSEPH D		2.2 NA	ME								
STREET ADDRESS	1005 KANE CONCOURSE #2	2.3 ST	2.3 STREET ADDRESS									
CITY-ST-ZIP	BAY HARBOR ISLANDS FL 33	3154	2. 4 C	ITY - S	S1 - ZIP	l						
TITLE		[d]	ELETE 3.1 TIT	TLE							Change	Addition
NAME			3.2 NA	ME								
STREET ADDRESS			3.3 SI	REET	ADDRESS							
CITY-ST-ZIP			3.4. 00		7 - 7IP							
TITLE		[] Di]					Change	Addition
NAME			4 2 N			1						
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CITY-ST-ZIP		П.	4.4 Ci		I - ZiP						77.	A Marie
TITLE		□ DI									Change	Addition
NAME			5.2 NA									ŀ
STREET ADDRESS					ADDRESS							
CITY-ST-ZIP		D	5.4 CII		1 - ZIP	ļ					☐ Change	Addition
TITLE		<u>↓</u> <i>D</i> (LI VIIanye	FT MODITION
NAME CARCET ADDOCES			6.2 NA		ADDDS CO							
STREET ADDRESS					ADDRESS							
City-St-ZiP	ertify that the information supplied wi	ith this filing does not	6.4 Cft			I ed in Sect	ion 119.07/3	(i). Florida	Statutes I	further o	ertify that the	e information

14. Thereby 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