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**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9700056585 (7)

RICKY D'S CAFE, INC.

Secretary of State

**FILED** 

May 07 1998 8:00am

| Fillicipal Flac             | e or positioss  | Minimity Address  |                           | <b>\</b>  |   |                            |                     |
|-----------------------------|---|---|---------------------------|---|---|----------------------------|---------------------|
| 5421 MAIN S                 | Treet<br>HCHEY FL 34652   | 5421 MAIN STREET  |                           |   |   |                            |                     |
| NEW PORTE                   | NONET PE 34032  | NEW PORT RICHEY FL 34652  |                           | DO NOT WRITE IN THIS SPACE                            |   |                            |                     |
|                             |   |   |                           |   | 3. Date Incorporated or Qualified   |                            |                     |
|                             |   |   |                           |   | 06/25/1997  |                            |                     |
| 2. Principal P              | Place of Business   | 2a. Mailing Address   |                           |   | 4. FEI Number   |                            | pplied For          |
|                             | MAIN STREET   | 26 3328 Rock  | Vall.                     | . 00  |   | <b>⊢</b> +                 | lot Applicable      |
| Suite, Apt.                 |   | Suite, Apt. #, etc.   | XHIK                      | 1 VK  |   |                            | Additional          |
| 27                          |   |   |                           |   | 5. Certificate of Status Desired  |                            | lequired            |
| City & State                | Α   | City & State  | ly & State                |   | 6. Election Campaign Financing  |                            |                     |
| 23 10 6 42                  | ~ ~ ~ /   | 28 HOLDAY   | F/                        |   | Trust Fund Contribution   |                            | May Be<br>I to Fees |
|                             | Country Zip Co  |   | Country                   | <del>,</del>  | 8. This corporation owes or has paid the cu   |                            |                     |
| Zip<br>346 S                | 52 25 PASCO   | $\vdash$ $\bullet \iota \iota \circ \vdash$                     |                           | Sco   | 1 ' '   |                            | No No               |
|                             | 9. Name and Address of Current  |   | <u> </u>                  |   | 10. Name and Address of New Registered  |                            | _                   |
| DU                          | ANGELO, DIANNA  |   | 61                        | Name  |   | · ¥                        |                     |
| AAAA MAAK HALLEY DAKE       |   |   |                           | L   |   |                            |                     |
| HOLIDAY FL 34891            |   |   | 82                        | 82 Street Address (P.O. Box Number is Not Acceptable) |   |                            |                     |
| nu                          | TUNT FL 34081   |   | 83                        |   |   |                            |                     |
|                             |   |   | 33                        |   |   |                            |                     |
| 4                           |   |   | 84                        | City  | Fi  | <b>85</b> Zip              | Code                |
|                             |   |   |                           | l   |   |                            | ,,                  |
| 11, Pursuant<br>office or r | to the provisions of Sections 607.0502<br>registered agent, or both, in the State o | and 607 1508, Florida Statutes<br>l'Elorida: Such change was au | s, the abov<br>thorized b | e-named co<br>v the corpor                            | orporation submits this statement for the purpose of ration's board of directors. I hereby accept the appropriate the control of the control | f changing<br>pointment as | its registered      |
| agent. I a                  | im familiar with, and accept the obligati   | ons of, Section 607.0505, Flori                                 | da Statute                | S.  | ration's board of directors. I hereby accept the app  |                            |                     |
| SIGNATURE                   |   |   |                           |   |   |                            |                     |
|                             | Signature typed or posted name of repetiered agent                                  |   |                           | ent signature req                                     | quired when rounstating) DATE   |                            |                     |
| 12.                         | OFFICERS AND  |   | 13.                       | ····  | ADDITIONS/CHANGES TO OFFICERS AND   |                            |                     |
| TITLE                       | TRES  | DELETE  | 1 1 TITLE                 |   |   | Change                     | Addition            |
| NAME                        | DIANDA DANGE  | 10  | 1 2 NAME                  | ł   |   |                            |                     |
| STREET ADDRESS              | 3328 Reck VA  | 1e4 DR  | 1 3 STREET                | ADDRESS   |   |                            |                     |
| CITY-ST-ZIP                 | DIADUA DANGE<br>3328 ROCK VAT.<br>HOLIPAY, FI                                       | 34691   | 1.4 CITY-5                | ST-ZIP  |   |                            |                     |
| TITLE                       | I SEC I VEFQ  | L_7 DECEN   | 2.1 TITL€                 |   |   | Change                     | ☐ Addition          |
| NAME                        | DIABOR D'ADO  | e lo  | 2.2 NAME                  |   |   |                            |                     |
| STREET ADDRESS              | 3328 PACK VALL  | 4 DR  | 2.3 STREET                | ADDRESS   |   |                            |                     |
| CITY-ST-ZIP                 | DIANNA D'AND<br>3318 ROCK VAIR<br>HOLLONY, PI                                       | 34691   | 2 4 CITY-                 | ST-719  | ,   |                            | 1                   |
| TITLE                       |   | DELETE  | 3 1 TITLE                 |   |   | Change                     | Addition            |
| NAME                        |   |   | 3 2 NAME                  |   |   | <del>-</del>               |                     |
| STREET ADDRESS              |   |   | 3.3 STREET                | ADDRESS   |   |                            |                     |
| ,                           | •   |   | •                         |   |   |                            | }                   |
| CITY-ST-ZIP<br>TITLE        |   | DELETE  | 3.4. City-                | 31-20   |   | Change                     | Addition            |
|                             |   | LJ pitcit   |                           |   |   | - Omingo                   |                     |
| NUE                         |   |   | 4 2 NAME                  |   |   |                            | ļ                   |
| STREET ADDRESS              |   |   | 4 3 STREET                | 1   |   |                            | ļ                   |
| CITY-ST-ZIP                 |   | DOLETE  | 4.4 CITY-5                | 1-ZIP   |   | Channe                     |                     |
| TITLE                       |   | DEFELE  | 5 1 TATLE                 |   |   | Change                     | Addition            |
| NAME                        |   |   | 5 2 NAME                  | ]   |   |                            |                     |
| STREET ADDRESS              |   |   | 53 STREET                 | ADDRESS   |   |                            | ļ                   |
| CITY-ST-ZIP                 |   |   | 5.4 CITY - 9              | T- 2(P  |   |                            |                     |
| TITLE                       |   | ☐ DELETE  | 6.1 TITLE                 |   |   | ☐ Change                   | ☐ Addition          |
| HAME                        |   |   | 6.2 NAME                  |   |   |                            |                     |
| STREET ADDRESS              |   |   | 63 STREET                 | ADDRESS   |   |                            | 1                   |
| CITY-ST-Z#P                 |   |   | 6.4 CITY-5                | iT - 7/P  |   |                            | ĺ                   |
|                             | antily that the information consider with   | thin bling door not qualify for                                 |                           |   | in Continu 110 07/21(i) Florida Statutes I further or   | ertific that the           | o information       |

Interest certify that the information stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report or supplimental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver or trustoe 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.

844-7203