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

**PROFIT** CORPORATION ANNUAL REPORT

1999

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

| DOCUMENT # P97( 1. Corporation Name HAVANA'S CIGAR CAFE/HAVA                          |   |  |  |  |  |
|---|---|--|--|--|--|
| Principal Place of Business   | Mailing Address   |  | ( :561;561 ;)0 (611) (611) 69111 221() 93111 49114 91114 91114   |  |  |
| 301 LA PALOMA LANE<br>TITUSVILLE FL 32780   | 301 LA PALOMA LANE<br>TITUSVILLE FL 32780   |  | DO NOT WRITE IN THIS SPAC  |  |  |
|   |   |  | 3. Date Incorporated or Qualifed 07/22/1997  |  |  |
| Principal Place of Business     1   | 2a. Mailing Address   | 4. FEI Number 59-3463870                               |  |  |  |
| Suite, Apt. #, etc.   | Suite, Apt. #, etc.   | 114  | 5. Certificate of Status Desired   5. Certificate of Status Desired   5. F   |  |  |
| City & State  | City & State  |  | 6. Election Campaign Financing Trust Fund Contribution  \$5  |  |  |
| Zip Country   | Zip 29 3  | Country  | This corporation owes the current year Intangible     Personal Property Tax.   |  |  |
| <del>-</del> -  | Current Registered Agent  |  | 10. Name and Address of New Registered Agent   |  |  |
| WEBBER, MARK S<br>301 LA PALOMA LANE<br>TITUSVILLE FL 32780                           |   | <ul><li>81 Name</li><li>82 Street</li><li>83</li></ul> | t Address (P.O. Box Number is Not Acceptable)  |  |  |
|   |   | 84 City  | FL 85  |  |  |
| office or registered agent, or both, in the agent. I am familiar with, and accept the | 607.0502 and 607.1508, Florida Statutes<br>ne State of Florida. Such change was aut<br>ne obligations of, Section 607.0505, Florida | horized by the comp                                    | d corporation submits this statement for the purpose of changi<br>poration's board of directors. I hereby accept the appointment |  |  |
| SIGNATURE NIGHT Signature, typed or printed name of reg                               | istered agent and title if applicable. (NOTE: F   | Register d Agent signature                             | required when reinstating) ATE   |  |  |
| 121   | ERS AND DIRECTORS   | 13.  | ADDITIONS/CHANGES TO OFFICERS AND DIR  |  |  |
| TITLE PS 'NAME WEBBER, MARK S   | C) DELETE   | 1.1 TITLE<br>1.2 NAME                                  |  |  |  |

**FILED** Mar 09, 1999 8:00 am Secretary of State

03-09-1999 90130 023 \*\*\*150.00



E IN THIS SPACE

Applied For Not Applicable \$8.75 Additional

Fee Required ... \$5.00 May Be

Added to Fees

407-267-0513

Yes

□No

| 301 l          | LA PALOMA LANE   |                       | 82            | Street /       | Address (P.O. Box Number is Not Acceptable)  |                                       |                      |
|----------------|--|-----------------------|---------------|----------------|--|---------------------------------------|----------------------|
| TITUS          | SVILLE FL 32780  |                       | 83            |                | NH   |                                       |                      |
|                |  |                       | 84            | City           |  |                                       |                      |
| office or re   | to the provisions of Sections 607.0502 and 607.150<br>egistered agent, or both, in the State of Florida. Suc<br>in familiar with, and accept the obligations of, Section | h change was auth     | orized by     | tne corpo      | corporation submits this statement for the purpose pration's board of directors. I hereby accept the app | of changing its r<br>pointment as reg | egistered<br>istered |
|                | Mark S. Webber Signature, typed or printed name of registered agent and title if applicab  | le. (NOTE: Re         | gister d Agen | t signature re | equired when reinstating) ATE  | <u> </u>                              |                      |
| 12.            | OFFICERS AND DIRECTORS   |                       | 13.           |                | ADDITIONS/CHANGES TO OFFICERS  |                                       |                      |
| TITLE          | PS   | ☐ DELETE              | 1.1 TITLE     |                |  | ☐ Change                              | Addition             |
| NAME           | WEBBER, MARK S   |                       | 1.2 NAME      | ļ              |  |                                       |                      |
| STREET ADDRESS | 301 LA PALOMA LANE   |                       | 1.3 STREET    | ADDRESS        |  |                                       |                      |
| CITY-ST-ZIP    | TITUSVILLE FL 32780  |                       | 1.4 CITY-S    | T-ZIP          |  |                                       |                      |
| TITLE          | VPD  | ☐ DELETE              | 2.1 TITLE     |                | VPD  | Change                                | ☐ Addition           |
| NAME           | WEBBER, BRUCE A  |                       | 2.2 NAME      |                | webber Bruce A. #<br>1525 Thornfield Ln #  | 1                                     |                      |
| STREET ADDRESS | 210 JACKSON AVENUE   |                       | 2.3 STREET    | ADDRESS        | 1525 Thornfield in #   | ير را                                 | 1                    |
| CITY-ST-ZIP    | CAPE CANAVERAL FL 32920  |                       | 2.4 CITY-S    |                | Roselle, Il 60172  | (601                                  |                      |
| TITLE          |  | ☐ DELETE              | 3.1 TITLE     |                | <b>1</b>   | Change                                | ☐ Addition           |
| NAME           |  |                       | 3.2 NAME      |                |  |                                       |                      |
| STREET ADDRESS |  |                       | 3.3 STREET    | ADDRESS        |  |                                       |                      |
| CITY-ST-ZIP    |  |                       | 3.4. CITY-S   | T-ZIP          |  |                                       |                      |
| TITLE          |  | ☐ DELETE              | 4.1 TITLE     |                |  | Change                                | ☐ Addition           |
| NAME           |  |                       | 4. 2 NAME     |                |  |                                       |                      |
| STREET ADDRESS |  |                       | 4.3 STREET    | ADDRESS        |  |                                       |                      |
| CITY-ST-ZIP    |  |                       | 4.4 CITY-S    | T-ZIP          |  |                                       |                      |
| TITLE          |  | ☐ DELETE              | 5.1 TITLE     |                |  | Change                                | ☐ Addition           |
| NAME           |  |                       | 5.2 NAME      |                |  |                                       |                      |
| STREET ADDRESS |  |                       | 5.3 STREET    | ADDRESS        |  |                                       |                      |
| CITY-ST-ZIP    |  |                       | 5.4 CITY-S    | T- ZIP         |  |                                       |                      |
| TITLE          |  | ☐ DELETE              | 6.1 TITLE     |                |  | ☐ Change                              | ☐ Addition           |
| NAME           |  |                       | 6.2 NAME      |                |  |                                       |                      |
| STREET ADDRESS |  |                       | 6.3 STREET    | FADDRESS       |  |                                       |                      |
| CITY-ST-ZIP    |  |                       | 6.4 CITY-S    |                |  |                                       |                      |
| 14   horoby c  | ertify that the information supplied with this filing do   | es not qualify for th | e exempti     | ion stated     | d in Section 119.07(3)(i), Florida Statutes. I further   | certify that the in                   | formation            |
| officer or     | on this annual report or supplemental annual report<br>director of the corporation or the receiver or trustee  | empowered to exe      | cute this r   | eport as i     | required by Chapter 607, Florida Statutes; and that  | t my name appe                        | ars in               |
| Block 12       | or Block 13 if changed, or on an attachment with an  | address, with all of  | thear like er | mpowere        | d. 51/   |                                       |                      |