Applied For

Not Applicable

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.

AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P97000083978 (1)

NEW AGE CAFE, INC.

| 659 BRIGHTVIEW DRIVE | 659 BRIGHTVIEW DRIVE |
|-------------------------------|----------------------|
| LAKE MARY FL 32748 | LAKE MARY FL 32746 |
| | |
| 2 Principal Place of Rusiness | 2a Mailing Address |

26

FILED Jul 10 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/22/1997

| Sulte, Apt. | Sulte, Apt. #, etc. | | | Suite, Apt. #, etc. | | | | 5. Certificate of Status Desired | $\overline{\Box}$ | | 75 Additional | | |
|---|------------------------|------------------|-------------------|---------------------|-----------|---|---------|---|-------------------|------------------------|------------------|----|---|
| 22 | 2 | | | 27 | | | | 5. Columnate of Status Desired | | F | ee Required | | |
| City & Stat | City & State | | | City & State | | | | 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Faes | | | | | |
| Zip | | Country | Zip | | Coun | try | | 8. This corporation owes or has paid | the curr | ent yea | ar Intergible | | |
| 24 | 2 | :5 | 29 | | 30 | | | Personal Property Tax due June | 30. 🗌 | Yes | No | | |
| | | and Address of C | urrent Registered | Agent | | | | 10. Name and Address of New Reg | istered . | Agent | | | |
| ZAKS, JUDY L | | | | | | | 81 Name | | | | | | |
| 659 BRIGHTVIEW DRIVE LAKE MARY FL 32746 | | | | | | 82 Street Address (P.O. Box Number is Not Acceptable) | | | | | | | |
| | | | | | | | | | | | | 83 | |
| | | | | | | | | | | | | | _ |
| | | | | | 1 | 34 (| City | | FL. | 85 | Zip Code | | |
| 11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered | | | | | | | | | | | | | |
| office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes. | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE | | | | | | | | | | | | | |
| 12. | OFFICERS AND DIRECTORS | | | RS | 13. | | | ADDITIONS/CHANGES TO OFFIC | ERS AN | D DIR | ECTORS IN 12 | | |
| TITLE | D | | | DELETE | 1.1 TITL | E | | | | Çha | ange Addition | | |
| NAME | ZAKS, JUD | DY L | | | 1.2 NAN | E | | | | | · — | | |
| STREET ADDRESS | ARO BRICHTIACH PRINC | | | | | ET AD | DRESS | | | | | | |
| CITY-ST-ZIP | LAKÉ MAR | Y FL 32746 | | | 1.4 CITY | ST-ZIP | , | | | | | | |
| TITLE | — — | | | DELETE | 2.1 TITL | | | | | Chi | ange Addition | | |
| NAME | | | | | 2.2 NAM | E | | | | | | | |
| STREET ADDRESS | | | | | 2.3 STRI | ET ADI | DRESS | | | | l | | |
| CITY-ST-ZIP | | | | | 2.4 CITY | | · | | | | ļ | | |
| TITLE | - | | | DELETE | 3.1 TITL | | | | | Chi | ange Addition | | |
| NAME | | | | [] DECE IE | 3.2 NAM | | | | | | ange [] Moorion | | |
| STREET ADDRESS | | | | | 3.3 STRE | | npess | | | | 1 | | |
| | | | | | 3.4 CITY | | | | | | | | |
| CITY-ST-ZIP TITLE | · | | | DELETE | 4.1 TITL | | | | ſ | Ch. | ange Addition | | |
| NAME | | | | ☐] DELETE | 4.2 NAM | - | | | L | | mide | | |
| STREET ADDRESS . | | | | | 4.3 STRE | | nosee | | | | | | |
| | | | | | 4.3 STRE | | | | | | | | |
| CITY-ST-ZIP TITLE | | | | Decree | 5.1 T(TL) | | | | | 1.04 | | | |
| NAME | | | | DELETE | 5.2 NAM | | | | ι | Cha | Inge Addition | | |
| | | | | | | | | | | | めっ! | | |
| STREET ADDRESS | | | | | 5.3 STRE | | | | | | 7.10 | | |
| CITY-ST-ZIP | <u> </u> | | | | 5.4 CITY | | <u></u> | | - | - | | | |
| TITLE | | | | ☐ DELETE | 6.1 TITL | | | 2000021 | | - Chi | ange Addition | | |
| NAME . | | | | | 6.2 NAM | | 1 | 2000 02: -07/13/98 | วักกับ | برسية ميا سيسيد آزا | <u> </u> | | |
| STREET ADDRESS | | | | | 6.3 STRE | ET ADD | DRESS | ***150.00 | -x013 | Ų | ر | | |
| CITY-ST-ZIP | | | | | 6 4 CITY | ST-ZIP | | | | | | | |
| | | | | | | | | | | | | | |

I hereby 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 of the receiver infrustee 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.

417-374166

TO WHOM It may Concern, July 1 1998 fel. I sever received of rotal for this. I called information requeste