PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P97000094829**1. Corporation Name

ANGIE'S CAFE, INC.

Principal Place of Business							
200 1ST AVENUE NORTH							
ST. PETERSBURG FL 33733							

2. Principal Place of Business

Mailing Address

2a. Mailing Address

199 NORTH FLORIDA AVENUE TARPON SPRINGS FL 34689

FILED May 08, 1999 8:00 am Secretary of State

05-08-1999 90052 049 ***150.00



Applied For

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

11/03/1997

4. FEI Number

21	-	26			59-3475944	No	ot Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired		Additional equired	
	City & State City & State				Election Campaign Financing Trust Fund Contribution	ng \$5.00 May Be Added to Fees		
Zip	Country	Zip	Country		8. This corporation owes the current year Int		eri	
24	25 29 30				Personal Property Tax.	Yes	No.	
Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent Name				
PANESIS MARIA A				81 Name				
				82 Street Address (P.O. Box Number is Not Acceptable)				
			83	83				
			84	City	FL	85 Zip	Code	
14. Duranet to the provisions of Sections 607 0502 and 607 1508. Florida Statutes the at				-named corr	poration submits this statement for the purpose of	changing its	s registered	
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: Re	gistered Ageni	signature require	ed when reinstating) DATE			
12.	OFFICERS AND DIRECTORS 13.				ADDITIONS/CHANGES TO OFFICERS AN			
TITLE	D	☐ DELETE	1.1 TITLE			Change	☐ Addition	
NAME	PANESIS, MARIA A		1.2 NAME					
STREET ADDRESS	199 N. FLORIDA AVENUE		1.3 STREET	ADDRESS				
CITY-ST-ZIP	TARPON SPRINGS FL 34689		1.4 CITY-ST	-ZIP				
TITLE		☐ DELETE	2.1 TITLE			Change	☐ Addition	
NAME			2.2 NAME				ł	
STREET ADDRESS			2.3 STREET	ADDRESS				
CITY-ST-ZIP			2. 4 CITY- S	r- ZIP			Addition	
TITLE		☐ DELETE	3.1 TITLE			Change	Addition	
NAME			3.2 NAME					
STREET ADDRESS			3.3 STREET					
CITY-ST-ZIP			3.4. CITY-S	T-ZIP		☐ Change	Addition	
TITLE		☐ DELETE	4.1 TITLE			☐ Cliange		
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREET					
CITY-ST-ZIP		☐ DELETE	4.4 CITY-ST 5.1 TITLE	-ZIP		Change	Addition	
TITLE		U VELETE	5.1 (IILE 5.2 NAME					
NAME			5.3 STREET	ADDRESS				
STREET ADDRESS			5.4 CITY- ST					
CITY-ST-ZIP TITLE		☐ DELETE	6.1 TITLE			Change	Addition	
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREET	ADDRESS			\	
			6.4 CITY- ST	-ZIP				
CITY-ST-ZIP					Castian 110 07/2\/i) Election Statutos I further co	aif, that the	information	

indicated on this annual report or supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the informatindicated 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 to Angeld, or on an attachment with an address, with all other like empowered.