'PROFIT CORPORATION **ANNUAL REPORT** 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

| DOCUMENT # | P97000095799 |
|-------------------|--------------|
| 1 Comoration Name | 1 0100000100 |

OVEE BOU INC

FILED Feb 24, 1999 8:00 am Secretary of State 02-24-1999 90069 005 ***158.75

| CAFE 800 INC. | | | |
|---|----------------------------------|--|---|
| Principal Place of Business | Mailing Address | | I TORVINDE VIN IDVIX LOUGE ABITA BOLLS NOVE NOVE TO DI OVICE LOUGH COLLE LOUI IN DA |
| · | 800 FAIRWAY DRIVE | | |
| 800 FAIRWAY DRIVE DEERFIELD BEACH FL 33442 | DEERFIELD BEACH FL 33442 | ? | DO NOT WRITE IN THIS SPACE |
| | | | 3. Date incorporated or Qualifed |
| | | | 11/07/1997 |
| 2. Principal Place of Business | 2a, Mailing Address | | 4. FEI Number Applied For |
| 21 | 26 | | 65-0790936 Not Applicable |
| Suite, Apt. #, etc. | Sulte, Apt. #, etc. | | \$8.75 Additional |
| 22 | 27 | | 5. Certificate of Status Desired B Fee Required |
| City & State | City & State | | 6. Election Campaign Financing \$5.00 May Be |
| 23 | 28 | | Trust Fund Contribution Added to Fees |
| Zip Country | Zip | Country | 8. This corporation owes the current year Intangible |
| 24 25 | 29 3 | 10 | Personal Property Tax. |
| g. Name and Address of Current | Registered Agent | | 10. Name and Address of New Registered Agent |
| | | 81 Name | DWARD SCHUEIGER |
| POSNER, IBWIN | | | dress (P.O. Box Number is Not Acceptable) |
| 308 BOHTANA AVE. | | | 7893 GRANDVILLE UR. |
| FT_LAUDERDALE FL 33301 | | 83 | |
| | | | 85 Zip Code |
| | | 84 647 | FL 85 Zip Code 3333 2/ |
| 44 Pursuant to the provisions of Sections 602.0502 | and 607.1508, Florida Statutes | s, the above-named cor | reporation submits this statement for the purpose of changing its registered |
| office or registered agent, or both, in the State of | Florida, Such change was aut | horized by the corporal | information storms this statement of the purpose of creating at a registered from's board of directors. I hereby accept the appointment as registered |
| 1 3/2-1 (/ /1.// | ons of, Section 507,0505, Florid | ia Siatules. | 1-15-99 |
| SIGNATURE Signature, types or primed name of registered agent | and life of amplicable (NOTE: 8 | legistered Agent algreature requi | red when reinstating) DATE |
| 12. OFFICERS AND | | 13. | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
| TILE PD | 2 DELETE | 1.1 TITLE | PIQ Change Addition |
| NAME POSNEBARWIN | • | I | EALLAND SCHNELDER |
| STREET ADDRESS 308-BONTANA AVE. | • | 1.3 STREET ADDRESS | 1893 GRANDVILLE DR. |
| Z | | 1.4 CITY-ST-ZIP | TAMARAC, FL. 33321 |
| TITLE | DELETE | 2.5 TITLE | |
| l | | 22 NAME | Dollis G. Schnerdan, p. |
| NAME | | 2.3 STREET ADDRESS | DORIS G. Schneidar Phange P. Addition |
| STREET ADDRESS | | | Tamaric Fl. 33321 DIR. |
| CITY-ST-ZIP | ☐ DELETE | 2.4 CITY-ST-ZIP | Change Addition |
| TITLE | □ UCLL1C | 1 | <u> </u> |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | • |
| CITY-\$1-ZIP | | 3.4. CITY-ST-ZIP | Change Addition |
| TIME | | 4.1 TITLE == | |
| NAME | | 4 2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 44 CITY-\$1-2IP | |
| TITLE | ☐ DELETE | 5.1 TITLE | Change Addition |
| NAME | | 5,2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| | | | |
| CITY-ST-7IP | | 5.4 C/TY-ST-ZIP | |
| CITY-ST-ZIP | O DELETE | E I | ☐ Change ☐ Addition |
| TITLE | () DELETE | 5.4 C/TY-ST-ZIP | Change Addition |
| TITLE NAME | (DELETE | 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME | Change Addition |
| TITLE | (DELETE | 5.4 CITY-ST-ZIP 6.1 TITLE | Change Addition |

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, as on an attachment with an appreciase with all other like empowered.