

07081999-90022-031-\$150.00-\$150.00

AMOUNT DUE ON OR BEFORE 08/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

99.

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

07-08-1999 90022 031 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # P98000062763 ✓ Corporation Name CAFE' LAINE, INC.		

Principal Place of Business 162 SE BRYSON AVE PORT ST LUCIE FL 34952	Mailing Address 2102 SE BRYSON AVE PORT ST LUCIE FL 34952
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/14/1998		4. FEI Number 65-0851486		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required		
6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees		
8. This corporation owes the current year Intangible Personal Property. ☐ Yes ☒ No				

9. Name and Address of Current Registered Agent HELD, ELAINE RANDO 2102 SE BRYSON AVE PORT ST LUCIE FL 34952 561-398-8821		10. Name and Address of New Registered Agent	
81 Name		82 Street Address (P.O. Box Number is Not Acceptable)	
83		84 City	
85 Zip Code		FL	

I, 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 resigning)

DATE

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. NAME HELD, ELAINE RANDO	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
2. STREET ADDRESS 2102 SE BRYSON AVE		1.2 NAME	
3. CITY-STATE-ZIP PORT ST LUCIE FL 34952		1.3 STREET ADDRESS	
4. CITY-STATE-ZIP PORT ST LUCIE FL 34952		1.4 CITY-STATE-ZIP	
5. NAME	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
6. STREET ADDRESS		2.2 NAME	
7. CITY-STATE-ZIP		2.3 STREET ADDRESS	
8. CITY-STATE-ZIP		2.4 CITY-STATE-ZIP	
9. NAME	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
10. STREET ADDRESS		3.2 NAME	
11. CITY-STATE-ZIP		3.3 STREET ADDRESS	
12. CITY-STATE-ZIP		3.4 CITY-STATE-ZIP	
13. NAME	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
14. STREET ADDRESS		4.2 NAME	
15. CITY-STATE-ZIP		4.3 STREET ADDRESS	
16. CITY-STATE-ZIP		4.4 CITY-STATE-ZIP	
17. NAME	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
18. STREET ADDRESS		5.2 NAME	
19. CITY-STATE-ZIP		5.3 STREET ADDRESS	
20. CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
21. NAME	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
22. STREET ADDRESS		6.2 NAME	
23. CITY-STATE-ZIP		6.3 STREET ADDRESS	
24. CITY-STATE-ZIP		6.4 CITY-STATE-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 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 or on an attachment with an address.

SIGNATURE:

Elaine Rando
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

July 1, 1999
 DATE

Daytime Phone #

CR2E034 (5/99)

P98000062763
601076-90015-49

Confirmation of
fax sent 7-28-99

July 28, 1999

Attn Kathy -

As per conversation - this
day I am requesting a
one-time waiver of
400⁰⁰ late charge - I
did not receive docu-
mentation for renewal
of corporation. I am a
new business started in
July 1998 and was totally
unfamiliar with this
process - Please take
this into consideration.

Thank you Elaine Rando Held

