## SECOND \*\* OTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Barris

Secretary of State
DIVISION OF CORPORATIONS

## FILED Mar 24, 1999 8:00 am Secretary of State

03-24-1999 90012 020 \*\*\*150.00

DOCUMENT # DOCUMENT			
DOCUMENT # P98000089210	<b>DOCUMENT</b> #	# P98000089	210

FRANK'S	CAFE, IN	NC.						
	,		,			,		
Principal Place	of Business			Address				
7000 S.W. 62ND	AVENUE		7000 S.W	. 62ND AVENUE		,	3/24/99 9001	2 (-00-8190)1
1ST FLOOR			1ST FLOO					
SOUTH MIAMI FL	. 33143		SOUTH A	MAMI FL 33143	i		DO NOT WRITE IN	THIS SPACE
							3. Date Incorporated or Qualified 10/15/1998	
2. Principal Pla	ace of Busin	ess	2a. Mail	ing Address	-		4. FEI Number	Applied For
21			26		1		65-0871103	Not Applicable
Suite, Apt. #	t, etc.		Suite 27	e, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		_		& State			6. Election Campaign Financing	\$5.00 May Be
23		<del></del>	28				Trust Fund Contribution	Added to Fees
Zip	1	Country	Zip		Coun	ry	8. This corporation owes the current year	ar
24		25	29		30		Intangible Personal Property.	Yes U No
	9. Name	and Address of Cu	rrent Registered	Agent			10. Name and Address of New Registe	ered Agent
		-			{	1 Name	•	
	A, PATRICI				ļ,	2 Street Add	dress (P.O. Box Number is Not Acceptable)	
	S.W. 62ND	) AVENUE				Succi / la	aross (1 .o. box rights) is view todeproble,	
1ST FI						3		
SOUTH	H MIAMI F	L 33143			ļ.			85 Zip Code
<b>,</b>						4 City		FL 85 Zip Code
1 . Pursuant to	to the provis	ions of sections 607.	0502 and 607.150	08, Florida Statut	es, the above	e-named corp	poration submits this statement for the purpose	of changing its registered
office or re	egistered ag	ent, or both, in the S	tate of Florida. St	uch change was	authorized	By the corpora	ition's board of directors. I hereby accept the a	ppointment as registered
agent I an	n familiar w	ith and accept the o	bligations of sec	tion 607 0505 FI	orida Statu	as.		,
agent. I an	n <del>famili</del> ar w	ith, and accept the o	bligations of, sec	tion 607.0505, FI	orida Statu	es.		,
agent. I ap	n familiar w	ith, and accept the o	bligations of, sec	tion 607.0505, FI	orida Statu	es.	O7/a	6/99
agent. I ap	o familiar w OTEC Signature, typed	ith, and accept the of CUO FOLLING or printed name of registered OFFICERS	bligations of, sec	able. (N	OTE: Registere	d Agent signature re	07/2	S AND DIRECTORS IN 12
SIGNATURE S	p familiar w fatel Signature, typed	ith, and accept the o	bligations of, sector and title if applic S AND DIRECTOR	able. (N	orida Statu OTE: Registere	d Agent signature re	O7/a	S AND DIRECTORS IN 12 Change Addition
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6.4 CITY-ST-ZIP

14. 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.

6.3 STREET ADDRESS

**SIGNATURE:** 

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/26/99.

BOX) 6CH8248