## 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 #
1. Corporation Name

(1)

BOCA COLONNADE CAFETERIA, INC.

**FILED** Oct 07 1998 8:00am Secretary of State

|--|

Principal Place of Business Mailing Address	01011 01811 01011 01011 1011 1011
2300 GLADES RD 2300 GLADES RD	
SUITE 102 EAST SUITE 102 EAST	
BOCA RATON FL 33431 BOCA RATON FL 33431 DO NOT WRITE IN THI	S SPACE
3. Date Incorporated or Qualified 12/13/1991	:
2. Principal Place of Business  2a. Malling Address  4. FEI Number	Applied For
26 65-0310394	Not Applicable
Suite, Apt. #, etc.  Suite, Apt. #, etc.  5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State City & State 6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country Zip Country 8. This corporation owes or has paid the cu	rrent year Intangible
24         25         29         30         Personal Property Tax due June 30.	Yes No
9. Name and Address of Current Registered Agent 10, Name and Address of New Registered	d Agent
DIAZ, GLENN J. 81 Name	
602 NW 13TH STREET 62 Street Address (P.O. Box Number is Not Acceptable)	
APT 13	
BOCA RATON FL 33486	Test 7: Out
84 City	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 coffice 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 apportunity of the corporation of the provision of the pro	changing its 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 13. ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE PD DELETE 1.1 TITLE	Change Addition
NAME DIAZ, GLENN 12 NAME	
STREET ADDRESS 602 NW 13TH STREET APT 13 1.3 STREET ADDRESS	
CITY-ST-ZIP BOÇA RATON FL 33486 14 CITY-ST-ZIP	
TITLE DELETE 21 TITLE	Change Addition
NAME 22 NAME	
STREET ADDRESS 2.3 STREET ADDRESS	
CITY-ST-ZIP 24 CITY-ST-ZIP	
TITLE DELETE 3.1 TITLE	Change Addition
NAME 3.2 NAME	
STREET ADDRESS 3.3 STREET ADDRESS	
CITY-ST-ZIP 3.4 CITY-ST-ZIP	<del>                                      </del>
TITLE DELETE 4.1TITLE	Change Addition
NAME 4.2 NAME	
STREET ADDRESS 4.3 STREET ADDRESS	
CITY-ST-ZIP 4.4 CITY-ST-ZIP  TITLE DELETE 5.1 TITLE	
TITLE	Change Addition
STREET ADDRESS 5.3 STREET ADDRESS	
CITY-ST-ZIP 5.4 CITY-ST-ZIP 5.1 TITLE DELETE 6.1 TITLE	70hana   1440
	Change   Addition
C DECILE	1
NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS	

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.