

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 FEB -3 AM 9:44

DOCUMENT # **V70909** (9)

1. Corporation Name  
**CAFE CHRISTINE, INC.**

Principal Place of Business Mailing Address  
**16100 FAIRCHILD DR. SUITE Q-101 CLEARWATER FL 34622**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>10/09/1992</b>	3a. Date of Last Report <b>08/22/1994</b>
21	22		4. FEI Number <b>59-3179994</b>		Applied For <input type="checkbox"/> Not Applicable
22		27		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24		25		29	
25		26		30	

9. Name and Address of Current Registered Agent <b>GRASSIOT-ROBIN, CHRISTINE 16100 FAIRCHILD DR. SUITE Q-101 CLEARWATER FL 34622</b>				10. Name and Address of New Registered Agent	
81 Name		<b>J. D. EDUARD HASSENFORDER</b>			
82 Street Address (P.O. Box Number is Not Acceptable)		<b>2770 Roosevelt Blvd # 4954</b>			
83		<b>34622</b>			
84 City		<b>Clearwater</b>		85 FL <b>34622</b>	

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: **HASENFORDER J.D. EDUARD** *J. D. Edouard* **01/30/95**  
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required if reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PT</b>	1.1 TITLE	<b>PT SEC TRES</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GRASSIOT-ROBIN, CHRISTINE</b>	1.2 NAME	<b>J.D. Edouard Hassenforder</b>
STREET ADDRESS	<b>3321 WHISPERING DR. S.</b>	1.3 STREET ADDRESS	<b>2770 Roosevelt Blvd # 4954</b>
CITY-ST-ZIP	<b>LARGO FL 34041-3924</b>	1.4 CITY-ST-ZIP	<b>Seminole, FL 34622</b>
TITLE	<b>VS</b>	2.1 TITLE	<b>VS</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CHIRDM, KARIM</b>	2.2 NAME	<b>Domingue Ychié</b>
STREET ADDRESS	<b>3321 WHISPERING DR. S.</b>	2.3 STREET ADDRESS	<b>2770 Roosevelt Blvd # 4954</b>
CITY-ST-ZIP	<b>LARGO FL 34041-3924</b>	2.4 CITY-ST-ZIP	<b>Seminole, FL 34622</b>
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 resolver 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: **HASENFORDER J.D. EDUARD** *J. D. Edouard* **813-538-8777**  
(Signature and typed or printed name of signing officer or director)