

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **V70909** (9)

1. Corporation Name

CAFE CHRISTINE, INC.



Principal Place of Business

Mailing Address

**16100 FAIRCHILD DR.
SUITE Q-101
CLEARWATER FL 34622**

**16100 FAIRCHILD DR.
SUITE Q-101
CLEARWATER FL 34622**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

24 Country

28 Zip

29 Country

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

10/09/1992

3a. Date of Last Report

02/03/1995

4. FET Number

59-3179984

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☒ No

10. Name and Address of New Registered Agent

**HASSENFORDER, J.D. EDOUARD
2770 ROOSEVELT BLVD
#4954
CLEARWATER FL 34622**

81 Name

82 Street Address (P.O. Box Number is Not Accepted)

83

84 City

FL

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 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

HASSENFORDER

PRESIDENT

Jan 21 1996

Signature typed or printed name of registered agent and then applicable

Title Registered Agent and then applicable

DATE

12. OFFICERS AND DIRECTORS

TITLE **PTST** ☐ DELETE
NAME **HASSENFORDER, J.D. EDOUARD**
STREET ADDRESS **2770 ROOSEVELT BLVD #4954**
CITY-ST-ZIP **SEMINOLE FL**

TITLE **VS** ☒ DELETE
NAME **YCHE, DOMINGUE**
STREET ADDRESS **2770 ROOSEVELT BLVD #4954**
CITY-ST-ZIP **SEMINOLE FL**

TITLE ☐ DELETE
NAME **NA**
STREET ADDRESS **NA**
CITY-ST-ZIP **NA**

TITLE ☐ DELETE
NAME **NA**
STREET ADDRESS **NA**
CITY-ST-ZIP **NA**

TITLE ☐ DELETE
NAME **NA**
STREET ADDRESS **NA**
CITY-ST-ZIP **NA**

TITLE ☐ DELETE
NAME **NA**
STREET ADDRESS **NA**
CITY-ST-ZIP **NA**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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, 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 the attachment with an address.

SIGNATURE:

HASSENFORDER

HASSENFORDER

Jan 21 1996

Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone

CR2E034 (12/95)