

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Feb 28 1997 8:00am
Secretary of State

| | | |
|---------------------------------------|---|--|
| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---------------------------------------|---|--|

DOCUMENT # **S55653** (7)
1. Corporation Name
A1A CAFE, INC.



| | |
|--|---|
| Principal Place of Business 108 S LITHIA PINECREST BRANDON FL 33511 US | Mailing Address 108 S LITHIA PINECREST BRANDON FL 33511-5306 US |
|--|---|

| | |
|--|--|
| 3. Date Incorporated or Qualified 05/29/1991 | 3a. Date of Last Report 05/01/1996 |
|--|--|

| | | | |
|--|---|---------------|---------------|
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 | Country 25 | Country 30 |
|--|---|---------------|---------------|

| | |
|--|--|
| 4. FEI Number 59-3067437 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

9. Name and Address of Current Registered Agent
**SCHECHT, NEIL S.
4830 W KENNEDY BLVD.
#280
TAMPA FL 33609**

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 |

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

| | |
|-----------------|--|
| TITLE | D <input type="checkbox"/> DELETE |
| NAME | WALLER, RANDY |
| STREET ADDRESS | 5315 CEDARSHAKE LANE |
| CITY - ST - ZIP | VALRICO FL |
| TITLE | D <input type="checkbox"/> DELETE |
| NAME | PLUNKETT, DAVID |
| STREET ADDRESS | 1803 PRINCETON LAKE DR #115 |
| CITY - ST - ZIP | BRANDON FL |
| TITLE | D <input type="checkbox"/> DELETE |
| NAME | CROUP, RICK |
| STREET ADDRESS | 1013 SOUTH DAKOTA AVE |
| CITY - ST - ZIP | TAMPA FL |
| TITLE | D <input type="checkbox"/> DELETE |
| NAME | WALLER, RONALD |
| STREET ADDRESS | 3606 SHADOWOOD DR. |
| CITY - ST - ZIP | VALRICO FL |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|---------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY - ST - ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY - ST - ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY - ST - ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY - ST - ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY - ST - ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> 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 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: _____ Date: **2/24/97** Daytime Phone #: **813 685-5257**

CR2E034 (9/96)