

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

06-28-1999 90005 011 ***150.00
S55653

DOCUMENT # S55653

1. Corporation Name
A1A CAFE, INC.

FILED
99 JUL 16 PM 4:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business: 108 S LITHIA PINECREST BRANDON FL 33511 US
Mailing Address: 108 S LITHIA PINECREST BRANDON FL 33511 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
05/29/1991

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	59-3067437	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	27	<input type="checkbox"/>	
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23	28	<input type="checkbox"/>	
Zip	Zip	8. This corporation owes the current year Intangible Personal Property Tax.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
24	29		
Country	Country		
25	30		

9. Name and Address of Current Registered Agent
SCHECHT, NEIL S.
4830 W KENNEDY BLVD.
#290
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	WALLER, RANDY	1.2 NAME	
STREET ADDRESS	5315 CEDARSHAKE LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	VALRICO FL	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	PLUNKETT, DAVID	2.2 NAME	
STREET ADDRESS	1803 PRINCETON LAKE DR #115	2.3 STREET ADDRESS	
CITY-ST-ZIP	BRANDON FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	CROUP, RICK	3.2 NAME	
STREET ADDRESS	1013 SOUTH DAKOTA AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	WALLER, RONALD	4.2 NAME	
STREET ADDRESS	3808 SHADOWOOD DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	VALRICO FL	4.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	WALLER, KATHY A	5.2 NAME	
STREET ADDRESS	5315 CEDARSHAKE LANE	5.3 STREET ADDRESS	
CITY-ST-ZIP	VALRICO FL 33594	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other lists empowered.

SIGNATURE: *Randy Waller* 6/23/99 813 685 5257
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

SP

AIA Cafe, Inc.
108 S. Lithia Pinecrest Rd.
Brandon, FL. 33511
813-685-5257

Dear Madam,

Per our conversation, this letter is to confirm that the 1999 Profit Corporation Annual Report was not received by myself (first notice). This incident resulted in the late filing of this document. We sent in a late fee of \$400.00 in addition to the \$150.00 filing fee. I am kindly requesting a refund of the \$400.00 late fee as a result.

Thank-you for your consideration

Ronald H. Walley
Vice-President
AIA Cafe, Inc.