

**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 # **F95000005659 (6)**

1. Corporation Name

**FRENCH QUARTER COFFEE COMPANY**



Principal Place of Business: **ONE CORPORATE PLACE, 55 FERNCROFT ROAD, DANVERS MA 01923**  
Mailing Address: **ONE CORPORATE PLACE, 55 FERNCROFT ROAD, DANVERS MA 01923**

3. Date Incorporated or Qualified: **11/20/1995**  
3a. Date of Last Report

2. Principal Place of Business: **ONE CORPORATE PLACE, 55 FERNCROFT ROAD, DANVERS MA 01923**  
2a. Mailing Address: **ONE CORPORATE PLACE, 55 FERNCROFT ROAD, DANVERS MA 01923**

4. FEI Number: **04-3282314**  
Applied For:  Not Applicable

Suite, Apt. #, etc. (21, 22, 23, 24, 25, 26, 27, 28, 29, 30)

5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**

City & State (23, 28)

6. Election Campaign Financing:  **\$5.00 May Be Added to Fees**

Zip & Country (24, 25, 29, 30)

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent:  
**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

10. Name and Address of New Registered Agent:  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>CEO</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BAUMHAUER, WILLIAM H</b>	1.2 NAME	
STREET ADDRESS	<b>ONE CORPORATE PLACE, 55 FERNCROFT ROAD</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DANVERS MA 01923</b>	1.4 CITY-ST-ZIP	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FREEMAN, WILLIAM</b>	2.2 NAME	
STREET ADDRESS	<b>ONE CORPORATE PLACE, 55 FERNCROFT ROAD</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DANVERS MA 01923</b>	2.4 CITY-ST-ZIP	
TITLE	<b>CFOT</b> <input type="checkbox"/> DELETE	3.1 TITLE	<b>V.P. C.F.O. AND TREASURER</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WOODHOUSE, MICHAEL</b>	3.2 NAME	<b>GENE BENSON</b>
STREET ADDRESS	<b>ONE CORPORATE PLACE, 55 FERNCROFT ROAD</b>	3.3 STREET ADDRESS	<b>55 FERNCROFT RD.</b>
CITY-ST-ZIP	<b>DANVERS MA 01923</b>	3.4 CITY-ST-ZIP	<b>DANVERS MA 01923</b>
TITLE	<b>GCSV</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>REDEPENNING, CHARLES W</b>	4.2 NAME	
STREET ADDRESS	<b>ONE CORPORATE PLACE, 55 FERNCROFT ROAD</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DANVERS MA 01923</b>	4.4 CITY-ST-ZIP	
TITLE	<b>V</b> <input type="checkbox"/> DELETE	5.1 TITLE	<b>Vice President</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TITUS, LEO</b>	5.2 NAME	<b>TITUS, LEO</b>
STREET ADDRESS	<b>ONE CORPORATE PLACE, 55 FERNCROFT ROAD</b>	5.3 STREET ADDRESS	<b>ONE CORPORATE PLACE, 55 FERNCROFT RD</b>
CITY-ST-ZIP	<b>DANVERS MA 01923</b>	5.4 CITY-ST-ZIP	<b>DANVERS MA 01923</b>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<b>ASST TREASURER</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	<b>ALBERT A. DiMILLO, JR.</b>
STREET ADDRESS		6.3 STREET ADDRESS	<b>ONE CORPORATE PLACE, 55 FERNCROFT RD</b>
CITY-ST-ZIP		6.4 CITY-ST-ZIP	<b>DANVERS MA 01923</b>

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 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: Albert A. DiMillo Jr. Date: 4/25/96  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (12/95)