

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

FILED

**May 15 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 01923-4001
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3. Date Incorporated or Qualified 11/20/1995	3a. Date of Last Report 05/01/1996
4. FEI Number 04-3282314	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 type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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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
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	CEOD	<input type="checkbox"/> DELETE
NAME	BAUMHAUER, WILLIAM H	
STREET ADDRESS	ONE CORPORATE PLACE, 55 FERNCROFT ROAD	
CITY-ST-ZIP	DANVERS MA 01923	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	FREEMAN, WILLIAM	
STREET ADDRESS	ONE CORPORATE PLACE, 55 FERNCROFT ROAD	
CITY-ST-ZIP	DANVERS MA 01923	
TITLE	VPCT	<input type="checkbox"/> DELETE
NAME	BENSON, EARL	
STREET ADDRESS	55 FERNCROFT RD.	
CITY-ST-ZIP	DANVERS MA 01923	
TITLE	GCSV	<input type="checkbox"/> DELETE
NAME	REDEPENNING, CHARLES W	
STREET ADDRESS	ONE CORPORATE PLACE, 55 FERNCROFT ROAD	
CITY-ST-ZIP	DANVERS MA 01923	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	TITUS, LEO	
STREET ADDRESS	ONE CORPORATE PLACE, 55 FERNCROFT ROAD	
CITY-ST-ZIP	DANVERS MA 01923	
TITLE	AT	<input type="checkbox"/> DELETE
NAME	DMILLO, ALBERT A JR.	
STREET ADDRESS	ONE CORPORATE PLACE, 55 FERNCROFT ROAD	
CITY-ST-ZIP	DANVERS MA 01923	

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	Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Donald Moore
3.3 STREET ADDRESS	One Corporate Place, 55 Ferncroft Rd.
3.4 CITY-ST-ZIP	Danvers, MA 01923
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	Assistant Treas. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Michael Hulley
6.3 STREET ADDRESS	One Corporate Place, 55 Ferncroft Rd.
6.4 CITY-ST-ZIP	Danvers, MA 01923

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: Michael Hulley **REQUIRED** 4.24.97 (508) 774-9115
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0000787

CR2E034 (9/96)