

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

**FILED**

**May 13 1998 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F95000005659 (6)**  
1. Corporation Name  
**FRENCH QUARTER COFFEE COMPANY**



DO NOT WRITE IN THIS SPACE

Principal Place of Business <b>ONE CORPORATE PLACE 55 FERNCROFT ROAD DANVERS MA 01923</b>	Mailing Address <b>ONE CORPORATE PLACE 55 FERNCROFT ROAD DANVERS MA 01923</b>
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3. Date Incorporated or Qualified <b>11/20/1995</b>	
4. FEI Number <b>04-3282314</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

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. City	
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 reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>CEO</b>	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>T</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MOORE, DONALD</b>	2.2 NAME	
STREET ADDRESS	<b>ONE CORPORATE PLACE, 55 FERNCROFT ROAD</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DANVERS MA</b>	2.4 CITY-ST-ZIP	
TITLE	<b>VPCT</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BENSON, EARL</b>	3.2 NAME	
STREET ADDRESS	<b>55 FERNCROFT RD.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DANVERS MA 01923</b>	3.4 CITY-ST-ZIP	
TITLE	<b>GCSV</b>	4.1 TITLE	<input checked="" 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>AT</b>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HULLEY, MICHAEL</b>	5.2 NAME	
STREET ADDRESS	<b>ONE CORPORATE PLACE, 55 FERNCROFT ROAD</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DANVERS MA</b>	5.4 CITY-ST-ZIP	
TITLE	<b>AT</b>	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DIMILLO, ALBERT A JR.</b>	6.2 NAME	
STREET ADDRESS	<b>ONE CORPORATE PLACE, 55 FERNCROFT ROAD</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DANVERS MA 01923</b>	6.4 CITY-ST-ZIP	

Asst. Secretary  
**Donna Depoian**  
**55 Ferncroft Road**  
**Danvers, MA 01923**

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.

SIGNATURE: *Donald P. Moore* - Donald P. Moore      *Michael Benson* - Michael Benson

CR2E034 (10/97)