

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 MAR -9 PM 3:54

DOCUMENT # P93000034790 (4)

1. Corporation Name  
**ROASTERS FRANCHISE CORP.**

Principal Place of Business Mailing Address  
**600 CORPORATE DRIVE SUITE 100 FORT LAUDERDALE FL 33309** **600 CORPORATE DRIVE SUITE 100 FORT LAUDERDALE FL 33309**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **05/10/1993** 3a. Date of Last Report **05/01/1994**  
4. FEI Number **65-0410705** Applied For  Not Applicable  
5. Certificate of Status Desired  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 **899 W. CYPRESS CREEK RD** 26 **899 W. CYPRESS CREEK RD**  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 **SUITE 500** 27 **SUITE 500**  
City & State City & State  
23 **FT LAUDERDALE FL** 28 **FT LAUDERDALE FL**  
Zip Country Zip Country  
24 **33309** 25 **33309** 29 **33309** 30

9. Name and Address of Current Registered Agent  
**BARNETT, CHARLES D**  
**600 CORPORATE DRIVE**  
**SUITE 100**  
**FORT LAUDERDALE FL 33334**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
**899 WEST CYPRESS CREEK ROAD**  
83 **SUITE 500**  
84 City **FT. LAUDERDALE** FL 85 Zip Code **33309**

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 reappointing) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	BROWN, JOHN Y JR
STREET ADDRESS	600 CORPORATE DRIVE, SUITE 100
CITY - ST - ZIP	FORT LAUDERDALE FL
TITLE	DEVP
NAME	DOLLARHYDE GREGORY
STREET ADDRESS	600 CORPORATE DR STE 100
CITY - ST - ZIP	FT LAUDERDALE FL
TITLE	S
NAME	BARNETT CHARLES D
STREET ADDRESS	600 CORPORATE DR STE 100
CITY - ST - ZIP	FT LAUDERDALE FL
TITLE	<del>VP</del>
NAME	<del>RANDY ROGERS</del>
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>899 WEST CYPRESS CREEK RD, SUITE 500</b>
1.4 CITY - ST - ZIP	<b>FORT LAUDERDALE, FL 33309</b>
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	<b>899 WEST CYPRESS CREEK RD, SUITE 500</b>
2.4 CITY - ST - ZIP	<b>FORT LAUDERDALE, FL 33309</b>
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	<b>899 West Cypress Creek Rd, Suite 500</b>
3.4 CITY - ST - ZIP	<b>Fort Lauderdale, FL 33309</b>
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<del>VP - RANDY ROGERS</del>
4.3 STREET ADDRESS	<del>899 WEST CYPRESS CREEK RD, SUITE 500</del>
4.4 CITY - ST - ZIP	<del>FORT LAUDERDALE, FL 33309</del>
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>VP - ANDREW S. HOWARD</b>
5.3 STREET ADDRESS	<b>899 West Cypress Creek Rd, Ste 500</b>
5.4 CITY - ST - ZIP	<b>FORT LAUDERDALE, FL 33309</b>
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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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: Charles D. Barnett **CHARLES D. BARNETT** 3/2/95 305938-0330  
DATE: \_\_\_\_\_ (Typed Name)