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Feb 18 1997 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P93000034790 (4)

1. Corporation Name
ROASTERS FRANCHISE CORP.



Principal Place of Business
899 W. CYPRESS CREEK RD.
STE 500
FORT LAUDERDALE FL 33309
US

Mailing Address
899 W. CYPRESS CREEK RD.
STE 500
FORT LAUDERDALE FL 33309-2064
US

3. Date Incorporated or Qualified
05/10/1993

3a. Date of Last Report
05/01/1996

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

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

BARNETT, CHARLES D
899 W CYPRESS CREEK RD
STE 500
FORT LAUDERDALE FL 33309

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

FL

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

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	BROWN, JOHN Y JR	
STREET ADDRESS	899 W CYPRESS CREEK RD STE 500	
CITY - ST - ZIP	FORT LAUDERDALE FL	
TITLE	CFD	<input type="checkbox"/> DELETE
NAME	SLIVKA, RALPH	
STREET ADDRESS	899 W. CYPRESS CREEK RD., STE.500	
CITY - ST - ZIP	FT LAUDERDALE FL 33309	
TITLE	S	<input type="checkbox"/> DELETE
NAME	BARNETT CHARLES D	
STREET ADDRESS	899 W CYPRESS CREEK RD STE 500	
CITY - ST - ZIP	FT LAUDERDALE FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	BEARSS, MIKE	
STREET ADDRESS	899 W. CYPRESS CREEK RD. STE 500	
CITY - ST - ZIP	FT. LAUDERDALE FL 33309	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	THOMAS E. METZGER	
1.3 STREET ADDRESS	899 W. CYPRESS CREEK RD.	
1.4 CITY - ST - ZIP	FT. LAUDERDALE, FL 33309	
2.1 TITLE	N	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	MIKE OWENS	
2.3 STREET ADDRESS	899 W. Cypress Creek Rd	
2.4 CITY - ST - ZIP	FT. LAUDERDALE, FL 33309	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
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		<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 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: *Charles D. Barnett* CHARLES D. BARNETT 2/6/97 954-938-0330

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)