

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION
 ANNUAL REPORT
 1996



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

DOCUMENT # **P95000069760 (3)**

1. Corporation Name

DREAM BEANS COFFEE COMPANY, INC.



Principal Place of Business

Mailing Address

**24700 SOUTHEAST HIGHWAY 42
 UMATILLA FL 32784-8724**

**24700 SOUTHEAST HIGHWAY 42
 UMATILLA FL 32784-8724**

3. Date Incorporated or Qualified

3a. Date of Last Report

09/05/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc.

26 Suite, Apt #, etc.

22 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number

Applied For

59-3332593

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BROWN, LYNN A
 24700 SOUTHEAST HIGHWAY 42
 UMATILLA FL 32784-8724**

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 607.0602 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]

(NOTE: Registered Agent's signature required when reappointing)

8-4-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DELETE
 NAME **D BROWN, LYNN A**
 STREET ADDRESS **24700 SOUTHEAST HIGHWAY 42**
 CITY-ST-ZIP **UMATILLA FL 32784-8724**

11 TITLE Change Addition
 12 NAME **D Sheryl A. Ruff**
 13 STREET ADDRESS **24700 S.E. Hwy 42**
 14 CITY-ST-ZIP **Umatilla FL. 32784-8724**

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

21 TITLE Change Addition
 22 NAME
 23 STREET ADDRESS
 24 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

31 TITLE Change Addition
 32 NAME
 33 STREET ADDRESS
 34 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

41 TITLE Change Addition
 42 NAME
 43 STREET ADDRESS
 44 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

51 TITLE Change Addition
 52 NAME
 53 STREET ADDRESS
 54 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

61 TITLE Change Addition
 62 NAME **800001917118**
 63 STREET ADDRESS **-08/08/96--01039--044**
 64 CITY-ST-ZIP *****225.00**

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

[Signature]
 SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-4-96

(352)669-7578

[Handwritten] 05 818 196

CR2E034 (3/96)