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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Apr 21 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000067686 (1)

CAPPUCCINO TIME, INC.

1145 BRANTLEY ESTATES DRIVE ALTAMONTE SPRINGS FL 32714 3. Date Incorporated or Qualified 08/14/1996 2. Principal Place of Business 26 4. FEI Number 39/55/7/25 Suite, Apt. #, etc. 5. Certificate of Status Desired 27 City & State City & State 6. Election Campaign Financing Trust Fund Contribution 72:p Country 27:p Country 8. This corporation has flability for intangible Florida Statutes 74:p Yes 9. Name and Address of Current Registered Agent 1145 BRANTLEY ESTATES DRIVE ALTAMONTE SPRINGS FL 32714 82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable)	No d Agent B5 Zip Code of changing its registere
28. Mailing Address 29. Principal Place of Business 20. Suite, Apt. #, etc. 20. Suite, Apt. #, etc. 21. City & State 22. City & State 23. City & State 24. Election Campaign Financing 25. Trust Fund Contribution 27. Country 27. Country 28. Trust Fund Contribution 29. Name and Address of Current Registered Agent 39. Name and Address of Current Registered Agent 39. Name and Address of Current Registered Agent 30. Name and Address of New Registered 31. Name 32. Street Address (P.O. Box Number is Not Acceptable) 33. Address Of New Registered 34. FEI Number 33. Certificate of Status Desired 35. Certificate of Status Desired 36. Election Campaign Financing 36. Trust Fund Contribution 37. Trust Fund Contribution 38. This corporation has liability for intangible Florida Statutes 39. Name and Address of New Registered 39. Name and Address of New Registered 39. Name 30. Name and Address of New Registered 30. Street Address (P.O. Box Number is Not Acceptable)	Applied For Not Applicable \$8.75 Additional Fee Required \$5.00 May Be Added to Fees ole tax under s. 199.032, No d Agent 85 Zip Code code
2. Principal Place of Business 2. Antifling Address 2. Exite, Apt. #, etc. 2. Suite, Apt. #, etc. 2. City & State 3. Country 2. Country 3. Country 4. FEI Number 33958 // 5. Certificate of Status Desired Trust Fund Contribution Trust Fund Contribution Trust Fund Contribution Trust Fund Contribution Plorida Statutes 9. Name and Address of Current Registered Agent BELLINKOFF, DEBRA 1145 BRANTLEY ESTATES DRIVE ALTAMONTE SPRINGS FL 32714	SB.75 Additional Fee Required \$5.00 May Be Added to Fees ole tax under s. 199.032, No d Agent B5 Zip Code of changing its registere
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City & State Country Country Country Florida Statutes Provide Sta	Fee Required \$5.00 May Be Added to Fees ble tax under s. 199.032, No d Agent L 85 Zip Code
City & State City & State 28 Country 25 P. Name and Address of Current Registered Agent BELLINKOFF, DEBRA 1145 BRANTLEY ESTATES DRIVE ALTAMONTE SPRINGS FL 32714 City & State 28 Country Zip Country 30 Country B. This corporation has liability for intangible Florida Statutes 10. Name and Address of New Registered 81 Name 82 Street Address (P.O. Box Number is Not Acceptable)	Added to Fees ole tax under s. 199.032, No d Agent L 85 Zip Code of changing its registere
Zip Country Zip Country 8. This corporation has liability for intangible provided Statutes Yes 9. Name and Address of Current Registered Agent BELLINKOFF, DEBRA 1145 BRANTLEY ESTATES DRIVE ALTAMONTE SPRINGS FL 32714 Country Strip Country Strip Country Strip St	Added to Fees ole tax under s. 199.032, No d Agent L 85 Zip Code of changing its registere
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ALTAMONTE SPRINGS FL 32714	of changing its registere
	of changing its registere
84 City	of changing its registere
FI City	of changing its registered ppointment as registered
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 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 apagent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.	
SIGNATURE Styries for typed or peuted name of registered agent and tipe if applicable (NOTE: Registered Agent signature required when reinstalting) OATE	
2. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AN	
TLE DELETE 1.1 TITLE	Change Addition
AME BELLINKOFF, IRWIN 1.2 NAME	
TFEET ADDRESS 1145 BRANTLEY ESTATES DRIVE 1.3 STREET ADDRESS	
rhi-sri-zip Altamonte Springs FL 32714 1.4 city-st-zip	
THE DELETE 21 TITLE	Change Addition
AME BELLINKOFF, DEBRA 22 NAME	. *
TREEL ADDRESS 1145 BRANTLEY ESTATES DRIVE 23 STREET ADDRESS	
ITY ST ZIP ALTAMONTE SPRINGS FL 32714 2 4 CITY - ST - ZIP DELETE 31 TITLE	Change Addition
	- CT MOUNT
3.2 NAME 3.2 NAME 3.3 STREET ADDRESS	
3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
THE DELETE 4.1TILE	Change Addition
4. 2 NAME	
TREET ADDRESS 4.3 STREET ADDRESS	
TY+ST+ZIP 4.4 CITY+ST+ZIP	
TILE 5.1 TITLE	Change Addition
AME 52 NAME	
TREE) ADDRESS 53 STREET ADDRESS	
1'Y-S1-71' 54 CiTY-ST-ZIP	
TILE DELETE 61 TITLE	Change L Addition
AME 62 NAME	
6.3 STREET ADDRESS	
SILY ST-2IF 6.4 CITY-ST-ZIP	har parify that the
4. Edo 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 furth information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect.	t as if made under oath; tl
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; appears in Block 12 or Block 13 if changed, or on an attachment with an address.	; and that my name