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

PROFIT
CORPORATION
ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000067686 (1)

CAPPUCCINO TIME, INC.

Mailing Address

1145 BRANTLEY ESTATES DRIVE ALTAMONTE SPRINGS FL 32714

Principal Place of Business

1145 BRANTLEY ESTATES DRIVE ALTAMONTE SPRINGS FL 32714

## FILED Apr 28 1998 8:00am Secretary of State

| <br>DO NOT WRITE IN THIS SPACE    |  |  |  |  |  |  |
|-----------------------------------|--|--|--|--|--|--|
| 3. Date Incorporated or Qualified |  |  |  |  |  |  |

| 7 110                      |   |  |                                  |              | 08/14/1996   |                    |                          |  |
|----------------------------|---|--|----------------------------------|--------------|--|--------------------|--------------------------|--|
|                            | ace of Business   | 2a. Mailing Address  | gewater                          | Ds           | 4. FEI Number  | <del></del>        | Applied For              |  |
| 21 6 30                    | - G Lagewater Ur.   | 26 6 130 - 6 Ed  | gewaler                          | νι.          | 59-3395874   | <del>- + -</del>   | Not Applicable           |  |
| 22 Or                      | M, etc.<br>MVDO, FL.  | 27 Orlando   | FC.                              |              | 5. Certificate of Status Desired   |                    | 5 Additional<br>Required |  |
| City & State               | 310   | City & State   |                                  |              | 6. Election Campaign Financing   |                    | 00 May Be                |  |
|                            | 710   | 28 32810   |                                  |              | Trust Fund Contribution  |                    | ed to Fees               |  |
| Zip                        | Connection Control  | Zip  | Country                          |              | 8. This corporation owes or has paid the c                                 | -                  |                          |  |
| 24                         | 25 Current  | 29 30  | 0                                |              | Personal Property Tax due June 30.  10. Name and Address of New Registered | Yes Agent          | ∐ No                     |  |
| Od N                       |   |  |                                  |              |  |                    |                          |  |
|                            | LINKOFF, DEBRA  | <u></u>  |                                  |              |  |                    |                          |  |
|                            |   |  |                                  |              | ess (P.O. Box Number is Not Acceptable)                                    |                    |                          |  |
| ALTAMONTE SPRINGS FL 32714 |   |  |                                  |              |  | <del>***</del>     |                          |  |
|                            |   |  |                                  |              |  |                    |                          |  |
|                            |   |  | 84 City                          |              | F  | _   <b>85</b>   Zi | ip Code                  |  |
| 11. Pursuant t             | to the provisions of Sections 607.0502  | and 607.1508, Florida Statutes,                                    | , the above-name                 | ed corpo     | ration submits this statement for the purpose                              | of changing        | g its registered         |  |
| office or re               | egi <b>ster</b> ed agent, or both, in the State o<br>m familiar with, and accept the obligati | f Florida, Such change was aut<br>ons of, Seption 607.0505. Florid | horized by the co<br>da Statutes | orporatio    | n's board of directors. I hereby accept the ap                             | pointment          | as registered            |  |
|                            | Do on a Bullet  | NEMP   |                                  |              |  |                    |                          |  |
| SIGNATURE .                | Signature, typed or printed name of registered agent  | and tide it applicable (NO1E F                                     | Registered Agent signat          | are required | d when reinstating) DATE   |                    |                          |  |
| 12.                        | OFFICERS AND  |  | 13.                              |              | ADDITIONS/CHANGES TO OFFICERS AN   |                    |                          |  |
| TITLE                      | D   | ☐ DELETE   | 1.1 TITLE                        |              |  | Chang              | je 🔲 Addition            |  |
| NAME                       | <b>B</b> ELLINKOFF, IRWIN   |  | 1.2 NAME                         |              |  |                    |                          |  |
| STREET ADDRESS             | 1145 BRANTLEY ESTATES DRI   |  | 1.3 STREET ADDRES                | s            |  |                    |                          |  |
| CITY-ST-ZIP                | ALTAMONTE SPRINGS FL 327  |  | 1.4 CITY - ST - ZIP              | 1.           |  |                    |                          |  |
| TITLE                      | D   | ☐ DELET <b>E</b>   | 2.1 TITLE                        |              |  | Chang              | je 🔲 Addition            |  |
| NAME                       | <b>BELLINKOFF, DEBRA</b>  |  | 2.2 NAME                         |              |  |                    |                          |  |
| STREET ADDRESS             | 1145 BRANTLEY ESTATES DRI   |  | 2.3 STREFT ADDRES                | S            |  |                    |                          |  |
| CITY-ST-ZIP                | ALTAMONTE SPRINGS FL 327  |  | 2. 4 CITY-ST-ZIP                 |              |  |                    |                          |  |
| TITLE                      |   | ☐ DELETE   | 3.1 TITLE                        |              |  | ☐ Chang            | e L. Addition            |  |
| NAME                       |   |  | 3.2 NAME                         |              |  |                    |                          |  |
| STREET ADDRESS             |   |  | 3.3 STREET ADDRES                | S            |  | •                  | 1                        |  |
| CITY+ST-ZIP                |   |  | 3.4. CITY - ST - ZIP             |              | ·  | T 1 6              | 4.229                    |  |
| TITLE                      |   | ∐ DELE¥E   | 4.1 TITLE                        |              |  | Chang              | e L Addition             |  |
| NAME                       |   |  | 4. 2 NAME                        |              |  |                    |                          |  |
| STREET ADDRESS             |   |  | 4.3 STREET ADDRES                | S            |  |                    |                          |  |
| CITY-ST-ZIP                |   | T or ere   | 4.4 CITY-ST-ZIP                  |              |  | T 1 05             |                          |  |
| TITLE                      |   | DELETE   | 5 1 TITLE                        |              |  | Chang              | ge 🔲 Addition            |  |
| NAME ]                     |   |  | 5.2 NAME                         |              |  |                    | Į.                       |  |
| STREET ADDRESS             |   |  | 5.3 STREET ADDRES                | s            |  |                    |                          |  |
| CITY-ST-ZIP                |   | Portexe  | 5.4 CITY-ST-ZIP                  |              |  |                    | 10 Add9:                 |  |
| TITLE                      |   | ☐ DELETE   | 6.1 TITLE                        |              |  | L. Chang           | ye ∐ Addition            |  |
| NAME                       |   |  | 62 NAME                          |              |  |                    |                          |  |
| STREET ADDRESS             |   |  | 6.3 STREET ADDRES                | s            |  |                    |                          |  |
| CITY-ST-ZIP                |   |  | 6.4 CITY-ST-ZIP                  |              |  |                    |                          |  |

14. 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.

4/21/98 47-522 671