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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **FILED** Feb 11, 1999 8:00am **Secretary of State**

02-11-1999 90061 005 \*\*\*150.00

1. Corporation	MEN   # <b>P9600(</b> BROS COFFEE SERVICE,				
Principal Place	e of Business	Mailing Address		T ( B d) ( d d) ( t d) ( d) ( d) ( d) ( d) (	. (815) 1881) 1888) 1811) 8:81 1881
3500 ALOMA AVE. C-12 WINTER PARK FL 32792  3500 ALOMA AVE. C-12 WINTER PARK FL 32792				DO NOT WRITE IN THI	P. CDACE
				3. Date Incorporated or Qualifed 11/27/1996	SPACE
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-3415695	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	• \$8.75 Additional Fee Required
City & State	e	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip <b>24</b>	Country 25	Zip <b>29</b>	Country 30	This corporation owes the current year Ir     Personal Property Tax.	ntangible ☑ Yes ☐ No
	9. Name and Address of Curre	1 1	150	10. Name and Address of New Registered	*
			81 Name	A	
Martin, Mary E 6614 Pompeii Rd. Orlando Fl 32822			82 Street Add	ress (P.O. Box Number is Not Acceptable)	··
			83		
			84 City	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	85 Zip Code
			.	FI	_
agent. I a	m familiar with, and accept the oblig	pations of, Section 607.0505, Fk	rrida Statutes. E: Registered Agent signature require		
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	Change Addition
TITLE	D MARDIN MARVE		1.1 TITLE		. Change (Tradition)
NAME	Martin, Mary e 6614 Pompeii Rd.		1.2 NAME		•
STREET ADDRESS	ORLANDO FL 32822		1.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	CHLANDO I E 32022	☐ DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME	•	
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2. 4 CITY-ST-ZIP		
TITLE	-	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME	• •	
STREET ADDRESS	i i		5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE	•	☐ DELETE	6.1 TITLE		Change
NAME STREET ADDRESS	`		6.2 NAME : 6.3 STREET ADDRESS		

14. I 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, with all other like empowered.