

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

FILED
Apr 16, 1999 8:00 am
Secretary of State

04-16-1999 90103 038 ***150.00

0321907

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # P98000052576

1. Corporation Name
WORLDWIDE COFFEE, INC.



Principal Place of Business 2324 S. CONGRESS AVENUE SUITE 2E WEST PALM BEACH FL 33406	Mailing Address 2324 S. CONGRESS AVENUE SUITE 2E WEST PALM BEACH FL 33406
---	---

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 700 OLD DIXIE HWY.		2a. Mailing Address 26 700. OLD DIXIE HWY.		3. Date Incorporated or Qualified 06/10/1998	
Suite, Apt. #, etc. 22 # 104		Suite, Apt. #, etc. 27 # 104		4. FEI Number 65-0842968	
City & State 23 LAKE PARK, FL		City & State 28 LAKE PARK, FL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24 33403		Country 25 USA		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country 29 USA		Zip 30 33403		8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

SALLEY, JEFFREY M
2373 SNUG HARBOR DRIVE
PALM BEACH GARDENS FL 33410

10. Name and Address of New Registered Agent

81 Name **JEFFREY M. SALLEY**

82 Street Address (P.O. Box Number is Not Acceptable)
150 STILLWATER CIRCLE

83

84 City **LAKE PARK** FL 85 Zip Code **33403**

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 _____ DATE **4/12/99**

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

12. OFFICERS AND DIRECTORS

TITLE	DPT	<input type="checkbox"/> DELETE
NAME	SALLEY, JEFFREY M	
STREET ADDRESS	2373 SNUG HARBOR DRIVE	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	
TITLE	SDV	<input type="checkbox"/> DELETE
NAME	SALLEY, TERRI L	
STREET ADDRESS	2373 SNUG HARBOR DRIVE	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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 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.

SIGNATURE: _____ DATE **4/12/99**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (1/1/98)