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

**PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION • Sandra B. Mortham ANNUAL REPORT FILED Secretary of State **DIVISION OF CORPORATIONS** 1997 JUL -7 PH 2:09 POCUMENT # **P96000085158 (9)** SECRETARY OF STATE COFFEE TALK CAFE, INC. TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 1814 COLE ROAD 1614 COLE ROAD ORLANDO FL 32803 ORLANDO FL 32803-2148 3. Date Incorporated or Qualified 3a. Date of Last Report 10/10/1996 2. Principal Place of Business 2a. Mailing Address **FFI Number** Applied For 59- 3433840 2438-B East Robinson St. 26 2738-13 East Rusinson St. Not Applicable Suite, Apt. #, etc. **\$8.75** Additional 5. Certificate of Status Desired Fee Required 27 6. Election Campaign Financing \$5.00 May Be 23 Orlando Ollando Trust Fund Contribution 28 Added to Fees Zip Country Country 8. This corporation has liability for intangible tax under s. 199.032 31803 USA 37803 30 USA Florida Statutes Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name STEVENS, RICHARD N 1614 COLE ROAD Street Address (P.O. Box Number is Not Acceptable) 82 ORLANDO FL 32803 83 64 City 85 Zip Code 11. Pursuant to the provisions of Soctions 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 Signature, typod or pointed natio of registered agent and life if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELFTE TITLE 1.1 TITLE Change Addition STEVENS, RICHARD N NAME 1.2 NAME 1614 COLE ROAD STREET ADDRESS 1.3 STREET ADDRESS ORLANDO FL 32803 CITY-ST-ZIF 1.4 CITY - ST- ZIP DELETE Addition TITLE 2.1 TITLE V10 Change NAMÉ Ostronder 2.2 NAME Brent STREET ADDRESS 2.3 STREET ADDRESS 1614 Cule Koal Orkado, FL 37803 CITY-ST-ZIF 2. 4 CITY - SL- ZIP DELETE TITLE 3.1 TITLE Change Addition NAME 32 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP 300002236403 Addition -07/11/97-01110-016 \*\*\*\*165.00 \*\*\*\*165.00 DELETE TITLE 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Addition TITLE 5.1 TITLE Change NAME **5.2 NAME** STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 14. I do 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 eath; 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.

4/2/97

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