SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

P96000073640 (0)

FILED Sep 09 1997 8:00am Secretary of State

KOOL I		(0)			 		21111 214 11 21 11 1 2 11
Principal Place	OL BEANZ, INC. Place of Business Mailing Address					i dia co ia a beri isi <mark>a</mark>	DIAN DIVIS BON SARI
224 VELDO AVE., N.E. 224 VELDO AVE., N.E.					DO NOT WRITE	E IN THIS SPACI	E
					3. Date Incorporated or Qualified	3a. Date of	
					, ,	54 , 54, 5	
2. Principal Pi	lace of Business	2a. Mailing Address			4, FEI Number		Applied For
21 7 Poi	nsett Drive	26			59-3400617	ľ	No! Applicable
		——————————————————————————————————————	Suite, Apt. #, etc.		5. Certificate of Status Desired		.75 Additional Fee Required
				<u>-</u>	6. Election Campaign Figancing	\$	5.00 May Ba
23 Coco	a.FL	28			· -		dded to Fees
Zip	Country	Z≀p	Countr	у	8. This corporation owes or has pa	aid the current y	ear Intangible
24 32-96			30		Personal Property Tax due June	9 30. 🔲 Yes	No No
	g. Name and Address of Curren	t Registered Agent			10. Name and Address of New Ro	egistered Agen	
GO	LDACKER, JOHN J JR.		81	Name			
			82	Street Ac	fdress (P.O. Box Number is Not Accepte	hlei	
PAI	LM BAY FL 32907			0,000,710			
			83				
			0.0	City		los	Zip Code
				1		FL 85	
11. Pursuant to office or reagent. La	to the provisions of Sections 607.050, egistered agent, or both, in the State on familiar with, and accept the obliga	2 and 607,1508, Florida Statut of Florida, Such change was a ations of, Section 607,0505, Flo	es, the above authorized borida Statute	re-патеd со y the corpo s.	orporation submits this statement for the pration's board of directors. I hereby acce	purpose of chan pt the appointm	ging its registered ent as registered
SIGNATURE							
010/1/10/12			E: Registered Ag	ent signature re		DATÉ	
12.			_		ADDITIONS/CHANGES TO OFFI		
TITLE		☐ DELETE		1		L_] (:	hange Addition
NAME	ANALUEIDO AVE ALE						
STREET ADDRESS			B .				
CITY-ST-ZIP				ST-ZIP		——————————————————————————————————————	
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NAME			1	Ī			
STREET ADDRESS	PALM BAY FL 32907		1	ĵ			
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NAME			3.2 NAME				
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TITLE		☐ betet	5.1 TITLE			□ c	hange
NAME			5.2 NAME	- 48005			
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP		DELETE	5.4 CITY-	ST-ZIP			hange Addition
TITLE		L.J UELETE	6.1 TITLE	ļ		□ c	Hande T Vacition
NAME			6 2 NAME				
STREET ADDRESS				T ADDRESS			
CITY - ST - ZIP			6.4 CITY	ST-ZIP			

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 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.