


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

FILED

May 01 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # F96000002972 (5)

1. Corporation Name

EUROPEAN COFFEE CLASSICS, INC.

Principal Place of Business

1401 BERLIN ROAD
CHERRY HILL NJ 08003

Mailing Address

1401 BERLIN ROAD
CHERRY HILL NJ 08003

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/14/1996

4. FEI Number

22-3295112

Applied For
Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

CONA, MICHAEL T
911 CHESTNUT STREET
CLEAWATER FL 34616

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL 85 Zip Code

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

Michael T. Cona

4-1-98

Signature, typed or printed name of registered agent and date of filing

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	RADTKE, HELMUT	
STREET ADDRESS	13925 58TH ST N	
CITY - ST - ZIP	CLEARWATER FL	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	O'KEEFE, MICHAEL	
STREET ADDRESS	13925 58TH ST N	
CITY - ST - ZIP	CLEARWATER FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	MODZELEWSKI, MICHAEL F	
STREET ADDRESS	13925 58TH ST N	
CITY - ST - ZIP	CLEARWATER FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	OVERCASH, JAY	
STREET ADDRESS	13925 58TH ST N	
CITY - ST - ZIP	CLEARWATER FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SCATCHARD JR, WILLIAM B	
STREET ADDRESS	13925 58TH ST N	
CITY - ST - ZIP	CLEARWATER FL	
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 checked="" type="checkbox"/> Addition
3.2 NAME	Sue Green
3.3 STREET ADDRESS	1401 Berlin Road
3.4 CITY - ST - ZIP	Cherry Hill, NJ
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	John Masters
4.3 STREET ADDRESS	1401 Berlin Road
4.4 CITY - ST - ZIP	Cherry Hill, NJ
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 checked="" type="checkbox"/> Addition
6.2 NAME	Jim Thompson
6.3 STREET ADDRESS	13925 58th Street N.
6.4 CITY - ST - ZIP	Clearwater, Florida

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.

SIGNATURE:

Michael T. Cona

4-1-98

878-524-4830

CR2E034 (10/97)