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FILED  
Feb 27, 1999 8:00 am  
Secretary of State

02-27-1999 90003 003 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F96000002972

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 the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CONA, MICHAEL T  
911 CHESTNUT STREET  
CLEAWATER FL 34616

81 Name

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

83

84 City

FL

85 Zip Code

33760

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

Signature, typed or printed name of registered agent acceptable if appropriate

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE

NAME RADTKE, HELMUT  
STREET ADDRESS 13925 58TH ST N  
CITY-ST-ZIP CLEARWATER FL

TITLE VT ☐ DELETE

NAME O'KEEFE, MICHAEL  
STREET ADDRESS 13925 58TH ST N  
CITY-ST-ZIP CLEARWATER FL

TITLE S ☐ DELETE

NAME GREEN, SUE  
STREET ADDRESS 1401 BERLIN RD  
CITY-ST-ZIP CHERRY HILL NJ

TITLE V ☐ DELETE

NAME MASTERS, JOHN  
STREET ADDRESS 1401 BERLIN RD  
CITY-ST-ZIP CHERRY HILL NJ

TITLE D ☐ DELETE

NAME SCATCHARD JR, WILLIAM B  
STREET ADDRESS 13925 58TH ST N  
CITY-ST-ZIP CLEARWATER FL

TITLE V ☐ DELETE

NAME THOMPSON, JIM  
STREET ADDRESS 13925 58TH ST N  
CITY-ST-ZIP CLEARWATER FL

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☒ Change ☐ Addition

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☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/13/99 609-427-2833

CR2E034 (11/98)