FILE NOW: FILING FEE AFTER MAY 1 IS $2[illegible]5.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mort[illegible]
Secretary of St[illegible]
DIVISION OF CORPOR[illegible]TIONS

DOCUMENT # **536800** **(6)**

1. Corporation Name

ALL FLORIDA COFFEE SERVICE, INC.

Principal Place of Business	Mailing Address
800 E PALMETTO AVE MELBOURNE FL 32901	800 E PALMETTO AVE MELBOURNE FL 32901

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

3. Date Incorporated or Qualified: **06/09/1977**

3a. Date of Last Report: **04/20/1995**

4. FEI Number: **59-1752440** ☐ 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 has liability for intangible tax under s. 199.032 Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

DRESCHER, WILLIAM G.
368 OCEAN SPRAY AVENUE
SATELLITE BEACH FL 32937

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable) 5A VENETIAN WAY

83

84 City INDIAN HARBOUR BEACH FL 85 Zip Code 32937

11. Pursuant to the provisions of Sections 607.0505 and 607.1908, 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 [illegible] DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	11 TITLE		☐ Change ☐ Addition
NAME	DRESCHER, WILLIAM G.		12 NAME		
STREET ADDRESS	368 OCEAN SPRAY AVE		13 STREET ADDRESS		
CITY-ST-ZIP	SATELLITE BEACH FL		14 CITY-ST-ZIP		
TITLE	DS	☐ DELETE	21 TITLE		☒ Change ☐ Addition
NAME	DRESCHER, LOIS D		22 NAME		
STREET ADDRESS	368 OCEAN SPRAY AVE		23 STREET ADDRESS	5A VENETION WAY	
CITY-ST-ZIP	SATELLITEBCH,FL 00000		24 CITY-ST-ZIP	INDIAN HARBOUR BEACH, FL 32937	
TITLE		☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME			32 NAME		
STREET ADDRESS			33 STREET ADDRESS		
CITY-ST-ZIP			34 CITY-ST-ZIP		
TITLE		☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME			42 NAME		
STREET ADDRESS			43 STREET ADDRESS		
CITY-ST-ZIP			44 CITY-ST-ZIP		
TITLE		☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions 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 above, or on an attachment with an address.

SIGNATURE: William G. Drescher Pres 4-2-96 407-676-1265

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

WILLIAM G. DRESCHER

CR2E034 (12/95)