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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 536800

ALL FLORIDA COFFEE SERVICE, INC.

Principal Pl	ace of	Business
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Mailing Address

May 10, 1999 8:00 am Secretary of State

05-10-1999 90158 029 ***150.00



800 E PALMETTO AVE 800 E PALMETTO AVE MELBOURNE FL 32901 MELBOURNE FL 32901		800 E PALMETTO AVE MELBOURNE FL 32901						
MELOCURINE FE	. 32301	MCLDODINE IL DESSI			DO NOT WRITE	IN THIS SPACE		
					 Date Incorporated or Qualified 06/09/1977 			
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number		Applied For	1
21 5AV	ENETONUMY	26			59-1752440		Not Applicable]
Suite, Apt.	the etc.	Suite, Apt. # (etc.)	h		5. Certifcate of Status Desired		5 Additional Required	
City & State	diam In.	Chy & State			Election Campaign Financing Trust Fund Contribution		00 May Be ed to Fees	
Zip PL	Country 25 3 2937	Zip 39	Country 0	y	This corporation owes the current Personal Property Tax.	t year Intangible ☐ Yes	∑(No	
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Reg	jistered Agent		1
			81	Name			ļ	
	Scher, William G. Entian way		82	Street Ac	ddress (P.O. Box Number is Not Acceptable	3)		
INDIA	AN HARBOUR BEACH FL 32937		83	3				1
			84	City		FL 85 Z	ip Code	
office or re	to the provisions of Sections 607.0502 agistered agent, or both, in the State of in familiar with, and accept the obligation	Florida. Such change was auti	norized by	the corpora	orporation submits this statement for the pu ation's board of directors. I hereby accept to	rpose of changing he appointment as	its registered registered	
SIGNATURE	Signature, typed or printed name of registered agent a	ind title if applicable. (NOTE: Re	egistered Age	nt signature requ	uired when reinstating)	DATE]
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	CERS AND DIREC	TORS IN 12	4
TITLE	PD	☐ DELETE	1.1 TITLE			☐ Chan	ge Addition	Ì
NAME	DRESCHER, WILLIAM G.		1.2 NAME					
STREET ADDRESS	5A VENETIAN WAY		1.3 STREE	TADDRESS				
CITY-ST-ZIP	INDIAN HARBOR BEACH FL		1.4 CITY-5	ST-ZIP				1
TITLÉ	DS	☐ DELETE	2.1 TITLE			Chang	ge	
NAME	DRESCHER, LOIS D		2.2 NAME					
STREET ADDRESS	5 A VENETIAN WAY		2.3 STREE	TADDRESS				
CITY-ST-ZIP	INDIAN HARBOUR BEACH FL		2 4 CITY-	ST-ZIP			- Addition	1
TITLE		☐ DELETE	31 TITLE			Chang	ge Addition	
NAME			3.2 NAME					
STREET ADDRESS			3.3 STREE	T ADDRESS				l
CITY-ST-ZIP			3.4. CITY-				Daddill-	-
TITLE		DELETE	4.1 TITLE			☐ Chan	ge Addition	
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREE	ET ADDRESS				
CITY-ST-ZIP			4.4 CITY-	ST-ZIP			FTT a data	┨
TITLE		☐ DELETE	5.1 TITLE			Chang	ge 🔛 Addition	
NAME			5.2 NAME					
STREET ADDRESS				ET ADDRESS				
CITY-ST-ZIP			5.4 CITY-					4
TITLE		☐ DELETE	6.1 TITLE			Chan	ge	İ
- NAME		-	6.2 NAME					-
STREET ADDRESS			6.3 STREE	ET ADDRESS				

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 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 do an attachment with an address, with all other like empowered.

SIGNATURE: