

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mitham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 560896

(3)

1. Corporation Name

PIER COFFEE SHOP, INC.



Principal Place of Business

2 COMMERCIAL BLVD
LAUD BY SEA FL 33308

Mailing Address

2 COMMERCIAL BLVD
LAUD BY SEA FL 33308

3. Date Incorporated or Qualified

03/01/1978

3a. Date of Last Report

06/14/1995

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

Country

29

Zip

30

9. Name and Address of Current Registered Agent

CALDERONE, ANTHONY SR.
2 COMMERCIAL BLVD
LAUDERDALE BY-SEA FL 33308

4. FEI Number

59-1811857

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

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, I am a registered agent, or both, in the State of Florida. Such change was authorized by the board of directors, and I accept the obligations of, Section 607.0505, Florida Statutes.

I, the undersigned, being a duly qualified registered agent for the corporation, do hereby certify that the information furnished on this statement is true and accurate and that I am a resident of this state and am qualified 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME CALDERONE, LOUISE

STREET ADDRESS 4341 EL MAR DRIVE
CITY, ST, ZIP LAUD BY THE SEA, FL 00000

V ☐ DELETE

NAME CALDERONE, ANTHONY, JR

STREET ADDRESS 4341 EL MAR DRIVE
CITY, ST, ZIP LAUD BY THE SEA, FL 00000

P ☐ DELETE

NAME CALDERONE, ANTHONY SR.

STREET ADDRESS 4341 EL MAR DRIVE
CITY, ST, ZIP LAUD BY THE SEA, FL 00000

☐ DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/26/96 954-776-1690

CR2E034 (12/95)