

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

FILED

May 05 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # 807537 (6)
 1. Corporation Name
WECHSLER COFFEE CORPORATION

Principal Place of Business 10 EMPIRE BLVD MOONACHIE NJ 07074	Mailing Address 10 EMPIRE BLVD MOONACHIE NJ 07074-1303
---	--



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/30/1948		3a. Date of Last Report 01/30/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 13-1878959		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			
24 Country		29 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent UNITED STATES CORPORATION COMPANY 1201 HAYES ST. SUITE 105 TALLAHASSEE FL 32301				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	Chairman <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SLATER, MICHAEL	1.2 NAME	
STREET ADDRESS	10 EMPIRE BLVD	1.3 STREET ADDRESS	
CITY-ST-ZIP	MOONACHIE, NJ 00000	1.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OSUSKY, FRANK	2.2 NAME	
STREET ADDRESS	10 EMPIRE BLVD	2.3 STREET ADDRESS	
CITY-ST-ZIP	MOONACHIE, NJ 00000	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DORNBUSH, DARWIN C	3.2 NAME	
STREET ADDRESS	10 EMPIRE BLVD	3.3 STREET ADDRESS	
CITY-ST-ZIP	MOONACHIE, NJ 00000	3.4 CITY-ST-ZIP	
TITLE	VS <input checked="" type="checkbox"/> DELETE	4.1 TITLE	President/ Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BLOCK, IRA H.	4.2 NAME	Michael O'Donnell
STREET ADDRESS	10 EMPIRE BLVD.	4.3 STREET ADDRESS	10 Empire Blvd.
CITY-ST-ZIP	MOONACHIE NJ	4.4 CITY-ST-ZIP	Moonachie, NJ 07074
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SLATER, ABIGAIL	5.2 NAME	
STREET ADDRESS	10 EMPIRE BLVD	5.3 STREET ADDRESS	
CITY-ST-ZIP	MOONACHIE NJ	5.4 CITY-ST-ZIP	
TITLE	VPO <input type="checkbox"/> DELETE	6.1 TITLE	Vice Pres.-Purchasing <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REIDY, ELLEN JORDAN	6.2 NAME	
STREET ADDRESS	10 EMPIRE BLVD.	6.3 STREET ADDRESS	
CITY-ST-ZIP	MOONACHIE, NJ 07074	6.4 CITY-ST-ZIP	

14. I do 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: Frank P. Osusky, Vice Pres. Finance

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/97

Date

(201)440-1700

Daytime Phone

CR2E034 (9/96)