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 # F09275

COFFEE BREAK TIME, INC.

FILED Jan 21, 1999 8:00am Secretary of State 01-21-1999 90036 037 ***150.00



Principal Place of Business Mailing Address						T TORRIDO CITY WALLE FRITH TIDIN SARAH BILL BLOOK OLDIK RIBIT OLDIK BIRTH OLDIK BIRTH OLDIK BIRTH ARBI			
% EMERY MILES 305 MAGNOLIA AVE. AUBURNDALE FL 33823		% EMERY MILES . 721 AVENUE F SE WINTER HAVEN FL 33880		DO NOT WRITE IN THIS SPACE					
US	, 2.0020	, WHITE IT PARTIE TO COOK				3. Date Incorporated or Qualified 01/01/1981	<u></u>		
2. Principal Place of Business		2a. Mailing Address				4. FEI Number	A	pplied For	
21		26 .			59-2047543	N	ot Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional Fee Required			
City & State		City & State			6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees				
Zip 24	Country 25	Zip.	Coun	try		This corporation owes the current year leading Personal Property Tax.	ntangible Yes	□No	
	9. Name and Address of Current	Registered Agent				10. Name and Address of New Registered	d Agent		
k én i	CC FMEDY		1	81	Name				
(-0°721	es, emery Avenue f se			82	Street Addre	ess (P.O. Box Number is Not Acceptable)			
WIN	ITER HAVEN FL 33880		, [83			· / / /	THE PARTY	
			-	84	City	<u> </u>	85 Zip	Code	
a carrent ver	wax to the same of	<u> </u>		\perp	•	F	L '		
11. Pursuant office or A.S. agent. La	t to the provisions of Sections 607.0502 registered agent, or both, in the State of am familiar with, and accept the obligation	and 607.1508, Florida Statute Florida. Such change was au ons of, Section 607.0505, Flori	s, the abo thorized I da Statut	ove- by th tes.	named corpo ne corporatio	oration submits this statement for the purpose on's board of directors. I hereby accept the appoint	of changing its pintment as re	registered egistered	
SIGNATURE							•		
	Signature, typed or printed name of registered agent a			gent :	signature required	t when reinstating); DATE			
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICERS A			
TITLE	PD MILES, EMERY V	DELETE	1.1 TITL				Change	Addition A	
NAME .			1.2 NAW						
STREET ADDRESS	WINTER HAVEN, FL 3				NDDRESS			}	
CITY-ST-ZIP	WINTER FLAVEN, FL 3	. DELETE	1.4 CITY 2.1 TITL		ZIP		Change	Addition	
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STREET ADDRESS									
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NAME	* * * * * * * * * * * * * * * * * * * *						C) one igo		
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		(") DESTILE	5.2 NAM 5.3 STR		DDRESS				
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CITY-ST-ZIP	#1/4 V 19 ************************************	:		EET A	ļ		☐ Channe	Addition	
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CITY-ST-ZIP	FROM TOTAL FROM AVENUE SOS	:	5.3 STR! 5.4 CITY 6.1 TITLE 6.2 NAM	EET A '-ST-; E	ļ	·	☐ 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 of 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 attackment with an address, with all other like empowered.

SIGNATURE:

CR2E034 (11/98)