

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

APPROVED  
AND  
FILED

Pg. 142

97 OCT 15 PM 2:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # F94000006216 (5)

1. Corporation Name:

BROTHERS COFFEE BARS, INC.

Principal Place of Business

ONE BOCA PLACE  
2255 GLADES ROAD, STE. 301E  
BOCA RATON FL 33431

Mailing Address

ONE BOCA PLACE  
2255 GLADES ROAD, STE. 301E  
BOCA RATON FL 33431

2. Principal Place of Business

21 Suite, Apt. #, etc.  
22 Suite 100E  
23 City & State

24 Zip  
25 Country

26. Mailing Address

26 Suite, Apt. #, etc.  
27 Suite 100E  
28 City & State

29 Zip  
30 Country

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

3. Date Incorporated or Qualified

12/06/1994

3a. Date of Last Report

05/01/1996

4. FET Number

65-0491649

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ 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, 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

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

(If (11) Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PCEO	<input type="checkbox"/> DELETE
NAME	BREEN, DONALD	
STREET ADDRESS	2255 GLADES ROAD	
CITY- ST- ZIP	BOCA RATON FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BILMER, BERRY	
STREET ADDRESS	2255 GLADES ROAD	
CITY- ST- ZIP	BOCA RATON FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	BILMES, BARRY
2.3 STREET ADDRESS	2255 GLADES RD Suite 100E
2.4 CITY- ST- ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Secretary
3.3 STREET ADDRESS	John Ruppert
3.4 CITY- ST- ZIP	410 Seventeenth Street 22nd Floor
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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

Sandra B. Mortham 10/15/97 541 995 21 00

CR2E034 (4/97)

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OCT 15 1997

October 14, 1997

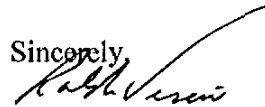
Florida Dept. Of State  
p.o Box 1500  
Tallahassee FL 32302-1500  
Attn: Stacy  
Re Brothers Coffee Bars, Inc.  
FEIN: 65-0491649

Dear Stacy,

Pursuant to our telephone conversation of 10/14/97, we are following your instructions to file our annual report with the original fee of \$165.00. As we explained the address on the form has the incorrect suite number. We never received your original notice and only recently, did we receive your second notice. We ask that Brothers Coffee Bars, Inc be reinstated in the state of Florida.

If you have any questions please call at (561) 995-2600.

Sincerely,



Ralph Visone  
Tax Manager