

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

**APPROVED
AND
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



PROFIT CORPORATION ANNUAL REPORT 1996

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

DOCUMENT # **G6D666**
1. Corporation Name

Principal Place of Business: **Maryland Club Foods, Inc.**
Mailing Address: **c/o Brothers Gourmet Coffees Inc. 22.55 Glades RD Boca Raton FL 33431**

2. Principal Place of Business: **21 Florida**
2a. Mailing Address: **26 Same as Above**
22. Suite, Apt. #, etc.
27. Suite, Apt. #, etc.
23. City & State
28. City & State
24. Zip Country
25. Zip Country
29. Zip Country
30. Zip Country

3. Date Incorporated or Qualified: **5/2/94**
3a. Date of Last Report:
4. FEI Number: **59-2419033**
Applied For: Not Applicable
5. Certificate of Status Desired: **X** **\$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 intang. b.e. tax under s. 199.032 Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
CT Corporation System, Inc. 1200 S. Pine Island Road Plantation, Florida, 33324

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code: **FL**

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 terminating) DATE: _____

12. OFFICERS AND DIRECTORS		DELETED
TITLE	Pres CEO	<input type="checkbox"/>
NAME	Donald Breen	
STREET ADDRESS	2255 Glades RD	
CITY-ST-ZIP	Boca Raton FL 33431	
TITLE	VP Finance & Admin	<input type="checkbox"/>
NAME	Barry Bilmes	
STREET ADDRESS	2255 Glades RD	
CITY-ST-ZIP	Boca Raton FL 33431	
TITLE	EVP marketing	<input type="checkbox"/>
NAME	Terry Olson	
STREET ADDRESS	2255 Glades RD	
CITY-ST-ZIP	Boca Raton FL 33431	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: **Barry Bilmes** **BARRY BILMES** **5/22/96** **(407) 995-2600**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: _____

CR2E034 (12/95)

AD