

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **H55410** (5)

1. Corporation Name

COFFEE MISER, INC.

Principal Place of Business

**2842 NW 97 AVE.
CORAL SPRINGS FL 33065**

Mailing Address

**2842 NW 97 AVE.
CORAL SPRINGS FL 33065**



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

**JOHNSON, DOUGLAS P., ESQ.
3045 NORTH FEDERAL HIGHWAY
BUILDING #7
FT. LAUDERDALE FL 33306**

3. Date Incorporated or Qualified

04/28/1985

3a. Date of Last Report

04/13/1995

4. FET Number

59-2527516

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

JOSEPH A. CAPPELLO

82 Street Address (P.O. Box Number is Not Acceptable)

2842 N.W. 97 AVENUE

83

CORAL

84

CORAL SPRINGS

FL

85 Zip Code

33065

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 607.005, Florida Statutes.

SIGNATURE

Joseph A. Cappello Pres.

4-8-96

12. OFFICERS AND DIRECTORS

11 TITLE ☐ DELETE

NAME **PD CAPPELLO, JOSEPH A.**

STREET ADDRESS **2842 NW 97 AVE.**

CITY-ST-ZIP **CORAL SPRINGS FL 33065**

12 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

14 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

15 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

16 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

SIGNATURE:

Joseph A. Cappello Pres.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JOSEPH A. CAPPELLO

4-8-96

Exp.

Daytime Phone #

CR2E034 (12/95)