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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

H55410

(5)

COFFEE MISER, INC.

FILED Jan 29 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 2842 NW 97 AVE. 2842 NW 97 AVE. CORAL SPRINGS FL 33065 CORAL SPRINGS FL 33065 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/28/1985 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 59-2527516 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Ζip Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 Yes 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name Joseph CAPPELLO JOSEPH A CAPELLO 2842 NW 97 AVENUE Street Address (P.O. Box Number is Not Acceptable) BUILDING #7 CORAL SPRINGS FL 33065 City CORAL SPRINGS Zip Code 3306 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. 1-22-98

od agent and title if applicable DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE ☐ Change ☐ Addition 1.1 TITLE NAME CAPPELLO, JOSEPH A. 12 NAME 2842 NW 97 AVE. STREET ADORESS 1.3 STREET ADDRESS **CORAL SPRINGS FL** CITY - ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE Change Addition 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE ☐ Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change TITLE 4.1 TITLE Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CITY-ST-ZIP DELETE TITLE Addition 5.1 TITLE Change NAME 52 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CiTY - ST - ZIP ___ DELETE TITLE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

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 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 changes, or on an attachment with an address.

SIGNATURE:

CITY-ST-ZIP

PREQUIRED

CR2E034