

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.)

*ONEPA*  
*10/2*

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**FILED**

**97 AUG 26 PM 2:07**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



**DOCUMENT # J71706 (2)**  
1. Corporation Name  
**COFFEE TIME, INC.**

Principal Place of Business  
**9846 NW 17TH ST  
CORAL SPRINGS FL 33071-5803**

Mailing Address  
**9846 NW 17TH ST  
CORAL SPRINGS FL 33071-5803**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>05/06/1987</b>		3a. Date of Last Report <b>04/04/1996</b>	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number <b>59-2803303</b>		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
24 Country		29 Country		30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>MARKOWITZ, MARVIN 9846 NW 17TH ST CORAL SPRINGS FL 33065</b>				10. Name and Address of New Registered Agent			
81 Name				82 Street Address (P.O. Box Number is Not Acceptable)			
83				<b>100002279031--4 -08/27/97--01111--008</b>			
84 City				<b>****165.00 ****165.00 FL 85 Zip Code</b>			

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 if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	STD	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MARKOWITZ, MARVIN			1.2 NAME			
STREET ADDRESS	9846 NW 17TH ST			1.3 STREET ADDRESS			
CITY-ST-ZIP	CORAL SPRINGS FL			1.4 CITY-ST-ZIP			
TITLE	PD	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MARKOWITZ, ALMA			2.2 NAME			
STREET ADDRESS	9846 NW 17TH ST			2.3 STREET ADDRESS			
CITY-ST-ZIP	CORAL SPRINGS FL			2.4 CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MARKOWITZ, STEVEN			3.2 NAME			
STREET ADDRESS	10245 NW 31ST COURT			3.3 STREET ADDRESS			
CITY-ST-ZIP	SUNRISE FL			3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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 or on an attachment with an address.

SIGNATURE

*Marvin Markowitz* **MARVIN**

CR2E034 (4/97)

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DIVISION OF CORPORATIONS  
ANNUAL REPORTS DIVISION  
PO Box 1500  
TALLAHASSEE FLA 32302-1500

Re: REINSTATEMENTS  
COFFEE TIME INC

DEAR SHAWN <1-850-487-6059

AS PER YOUR RECENT INSTRUCTIONS,

PLEASE ACCEPT OUR PAYMENT OF

\$165.00 AS OUR ANNUAL FEE. WE

NEVER RECEIVED OUR ORIGINAL

CANCELLED CHECK WHICH WAS MAILED

IN APRIL 97. WE HAVE NEVER

BEEN LATE BEFORE

THANK YOU

MARVIN MARKOWITZ  
PRESIDENT