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Apr 23, 1999 8:00 am
Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K30435

1. Corporation Name

THE COFFEE GOURMET, INC.

Principal Place of Business

3000 NW 25TH AVE
STE 2
POMPANO BCH FL 33069
US

Mailing Address

3000 NW 25TH AVE
STE 2 2929 E. COMMERCIAL #605
POMPANO BCH FL 33069 FT. LAUDERDALE
FL 33308

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/09/1988

4. FEI Number

65-0066662

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 the current year Intangible
Personal Property Tax.

☐ Yes ☐ No

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip Country

24

25

2a. Mailing Address

26 2929 EAST COMMERCIAL BLVD

Suite, Apt. #, etc.

27 SUITE #605

City & State

28 FORT LAUDERDALE FLORIDA

Zip Country

29

33308

30

USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name

GEORGE S. EDISON

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

2929 EAST COMMERCIAL BLVD.

83

SUITE #605

84

CITY FORT LAUDERDALE

FL

85

Zip Code

33308

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

4/20/99

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME SCHEIN, JAY
STREET ADDRESS 3000-2 NW 25TH AVE
CITY-ST-ZIP POMPANO BCH FL

TITLE SD ☐ DELETE

NAME MILLER, JAMES E
STREET ADDRESS 3000-2 NW 25TH AVE
CITY-ST-ZIP POMPANO BEACH FL

TITLE TD ☒ DELETE

NAME GURY, CHRISTOPHER T
STREET ADDRESS 3000-2 NW 25TH AVE
CITY-ST-ZIP POMPANO BEACH FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Signature and typed or printed name of signing officer or director

Date

Daytime Phone #

4-20-99 954 998 2286

CR2E034 (11/98)

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