SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # K80624 (5)

1. Corporation Name
JERRY'S COFFEE EXCHANGE, INC.

Principal Place of Business
11682 U S HWY #1
NORTH PALM BEACH FL 33408

Mailing Address
11682 U S HWY #1
NORTH PALM BEACH FL 33408

2. Principal Place of Business
21
Suite, Apt #, etc
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26 103 S U.S. Hwy #1
Suite, Apt #, etc
27 Suite C 7-8
City & State
28 Jupiter FL
Zip 29 33477 Country 30 USA

3. Date Incorporated or Qualified: 04/17/1989
3a. Date of Last Report: 04/06/1995
4. FEI Number: 58-1838495 ☐ 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

9. Name and Address of Current Registered Agent
CAPITAL CONNECTION INC.
417 E VIRGINIA ST
STE 1
TALLAHASSEE FL 32301

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

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

TITLE	DPT	☐ DELETE
NAME	MEARS, GERALD A.	
STREET ADDRESS	200 OCEAN TRAILWAY PH #8	
CITY-ST-ZIP	JUPITER FL	
TITLE	DS	☐ DELETE
NAME	MEARS, RUTH	
STREET ADDRESS	200 OCEAN TRAILWAY PH #8	
CITY-ST-ZIP	JUPITER FL	
TITLE	VP/Gm	☐ DELETE
NAME	ms. Victoria Duncan	
STREET ADDRESS	103 S US Hwy #1 Ste C 7-8	
CITY-ST-ZIP	Jupiter FL 33477	
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	DP	☒ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	DSP	☒ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	VP/Gm	☐ Change ☒ Addition
3.2 NAME	Duncan, Victoria ms.	
3.3 STREET ADDRESS	103 S US Hwy #1 Ste. C-7-8	
3.4 CITY-ST-ZIP	Jupiter FL 33477	
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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: G Mears, pres. G.A. MEARS, President 6/11/96 (561) 747-4626
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (3/96)