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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996 DOCUMENT #

1. Corporation Name

BOSTON BEAN "N" TEA, INC.



22. Homepair Pace of Business 22. Suite, Apt. #, etc. 23. Suite, Apt. #, etc. 24. Suite, Apt. #, etc. 25. Certificate of Status Desired	09/25/1989 02/27/1995 4. FEI Number Applied For					
3. Date Incorporated or Qualified O9/25/1989 2. Principal Place of Business 2. Mailing Address 2. Mailing Address 3. Date Incorporated or Qualified O9/25/1989 3. Date of Last Report O9/25/1989 3. Date incorporated or Qualified O9/25/1989 4. FEL Number 65-0164951 5. Certificate of Status Desired S8.75 Addition. Fee Required Fee Require	09/25/1989 02/27/1995 4. FEI Number Applied For		ARASOTA FL 34231		NAME OF THE PARTY	
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Zip Country Zip Country Zip Country Zip Country Statutes This corporation has liability for intangible tax under s 199.032, Florida Statutes No. Name and Address of Now Registered Agent Statutes No. Name and Address of Now Registered Agent		- -	ony a diane	28	Uity & State ◆	
25 29 30 Florida Statutes Yes No Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 10. Name and Address of New Registered Agent 1745 DAWN STREET 1745 DAWN STREET 185 Zip Code 1745 DAWN STREET 1745 DAWN STREET 185 Zip Code 1745 DAWN STREET 185 Zip Code 1745 DAWN STREET 185 Zip Code 1745 DAWN STREET 1745 DAWN STREET 185 Zip Code 1745 DAWN STREET 185 Zip Code 1745 DAWN STREET			Zio Country		7in T	
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LAZZARI, CHRISTOPHER P. 1745 DAWN STREET SARASOTA FL 34231 82 Street Address (P.O. Box Number is Not Acceptable) 194	10. Name and Address of New Registered Agent		red Agent		g. Name	
or registered agont, or both, in the State of Fonda. Such Change was administrative to polation sold of the colligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typoid or printed main of registered to the Page to active. (N.O.) Registered Agent signature to printed when rendstating) 12. OFFICE RS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE PTD LAZZARI, CHRISTOPHER P. SIREET ADDRESS 1745 DAWN ST. SARASOTA FL 13. STREET ADDRESS CITY-SI-ZIP SVD Q Change Add AND CHARGE AND CHA	FL 85 Zip Code 31/23/	B2 Street Addr B3 S/71/2 B4 City		ET 231	1745 DAWN STRE SARASOTA FL 34	
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64 CITY-SI-7IP		TREET ADDRESS				
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 furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes.	Chagge Chagge	ITY-SE-7IP			TREET ADDRESS	

rado hereby early that the information indicated on this arrutal 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 any attachment with an address.

SIGNATURE:

GAIL C. ANSCHUTZ Date 11 21

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