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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Apr 28 1997 8:00am

Secretary of State

954 437. 4605

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M61678

(2)

RELIABLE COFFEE SERVICE INC.

Principal Place of Business C/O RONALD J. GREGER 8600 N.W. 18 ST. PEMBROKE PINES FL 33024		8880 N.W. 16 ST.	C/O RONALD J. GREGER			
•						3. Date Incorporated or Qualified 10/29/1987 3e. Date of Last Report 05/01/1996
	lace of Business	2a. Mailing Address	├ ─			4. FEI Number Applied For
Suite Apt i	#. etc	26 Surte, Apt. #, etc.				65-0039612 Not Applicable \$8.75 Additional
22		27	27			5. Certificate of Status Desired \$8.75 Additional Fee Required
City & State		City & State				6. Election Campaign Financing \$5.00 May Be
Zip	Country	28	Countr	irv		Trust Fund Contribution Added to Fees 8. This corporation has liability for intangible tax under s. 199.032,
24	25	29	30			Florida Statutes Yes No
·	9. Name and Address of Cu	irrent Registered Agent				10. Name and Address of New Registered Agent
	GER, RONALD J.		81	1	Name	
	I N.W. 16 ST. BROKE PINES FL 33024		82 Street Add		Street Ac	ddress (P.O. Box Number is Not Acceptable)
· —	MONE INDEX 15 TEL.		83	3		
ı			84	4	City	85 Zip Code
The one of the	de la continue Continue CO7	accon and control Florida Clai	the abo			corporation submits this statement for the purpose of changing its registered
agent Lar SIGNATURE	m familiar with, and accept the o	obligations of, Section 607.0505, I ad agent and title if applicable (No S AND DIRECTORS	Florida Statute	les.		oration's board of directors. I hereby accept the appointment as registered equired when reinstaling) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	☐ DELETE	1,1 TITLE			Change Addition
NAME	GREGER, RONALD J.		1.2 NAME	E		
STREET ADDRESS	8660 N.W. 16 ST. PEMBROKE PINES FL		1.3 STREE			
DITUE	D D	DELETE	1.4 CITY- 2.1 TITLE		- ZIP	Change Addition
NAME	GREGER, LOUISE H.		2.2 NAME			Servet VIIII (g wasse
STREET ADDRESS	8860 N.W. 16 ST.		2.3 STREE	ET A	ADDRESS	
CITY-\$1-7IP	PEMBROKE PINES FL		2. 4 CITY-	/- S T	r-zip	
1016	İ	☐ DELETE	3.1 TITLE			Change Addition
NAME Danta Laterance	İ		3.2 NAME		- Denree	İ
STREET ADDRESS CITY+S1+ZIP	İ		3.3 STREE 3.4 CITY			
Tillt	The country of the second of t	DELETE	4.1 TITLE		-ZIP	☐ Change ☐ Addition
NAME:		—	4. 2 NAME			- -
STREET ADDRESS			4.3 STREE	ET A	ADDRESS	!
CITY+S1+7IP	,		4.4 CITY-		-ZIP	
Tihte		☐ DELÉTE	5.1 TITLE			LJ Change LJ Addition
NAME STOLET APPOPERS			5.2 NAME			•
STREET ADDRESS CITY-\$1-7P			5.3 STREE 5.4 CITY -			
TITLE	and the state of t	DELETE	6.1 TITLE		ZIP	Change Addition
NAME			6.2 NAME			·
STREET ADDRESS			6.3 STREE		ADDRESS	
CITY+S1+7/P		<u> </u>	8.4 CITY-			
14. I do hereb	by certify that the information sup	oplied with this filing does not qua	alify for the ex	Kem	nption stat	ated in Section 119.07(3)(i), Florida Statutes. I further certify that the that my signature shall have the same legal effect as if made under oath; that
Lam an off	theer or director of the comorabo	on or the receiver or trustee empored, or on an attachment with an at	nwered to eve	∋cu1	ite this lep	poort as required by Chapter 607, Florida Statutes; and that my name