


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.)

FILED
Aug 08 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P16153** (9)
1. Corporation Name
GLORIA JEAN'S GOURMET COFFEES CORP.

Principal Place of Business 11480 COMMERCIAL PKWY. CASTROVILLE GA 95012 US	Mailing Address 8720 N. 25TH AVE. SCHILLER PARK IL 60176 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/29/1987		3a. Date of Last Report 07/26/1996	
21		26 11480 Commercial PKwy		4. FEI Number 36-3185413		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 City & State		28 Castroville, CA		6. Election Campaign Financing <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Zip		29 95012		7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			
25 Country		30 US					

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

FL

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	D	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOYER, DENNIS L		1.2 NAME	Michael Bregman	
STREET ADDRESS	1001 ASBURY DRIVE		1.3 STREET ADDRESS	11480 Commercial Parkway	
CITY-ST-ZIP	BUFFALO GROVE IL		1.4 CITY-ST-ZIP	Castroville, CA 95012	
TITLE	PD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WAYMAN, JAMES M		2.2 NAME	Louis Bregman	
STREET ADDRESS	11480 COMMERCIAL PARKWAY		2.3 STREET ADDRESS	11480 Commercial Parkway	
CITY-ST-ZIP	CASTROVILLE CA		2.4 CITY-ST-ZIP	Castroville, CA 95012	
TITLE	AS	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLEARLY, STEPHEN L		3.2 NAME	Alton McEwen	
STREET ADDRESS	3720 N. 25TH AVE.		3.3 STREET ADDRESS	11480 Commercial Parkway	
CITY-ST-ZIP	SCHILLER PARK IL		3.4 CITY-ST-ZIP	Castroville, CA 95012	
TITLE	D	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEWTON, RAY E 111		4.2 NAME	Alton McEwen	
STREET ADDRESS	1001 ASBURY DRIVE		4.3 STREET ADDRESS	11480 Commercial Parkway	
CITY-ST-ZIP	BUFFALO GROVE IL		4.4 CITY-ST-ZIP	Castroville, CA 95012	
TITLE	D	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BREGMAN, MICHAEL		5.2 NAME	Richard Odorico	
STREET ADDRESS	137 DUNVEHAN RD.		5.3 STREET ADDRESS	11480 Commercial Parkway	
CITY-ST-ZIP	TORONTO ON		5.4 CITY-ST-ZIP	Castroville, CA 95012	
TITLE	D	<input checked="" type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCEWEN, ALTON W		6.2 NAME		
STREET ADDRESS	1 THE KINGS WAY		6.3 STREET ADDRESS		
CITY-ST-ZIP	ETOBICOKE ON		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 if changed, or on an attachment with an address.

SIGNATURE:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/23/97 408633-6300 x 209

CR2E034 (4/97)