


FILED  
May 05 1998 8:00am  
Secretary of State

<div>PROFIT CORPORATION ANNUAL REPORT 1998</div> <div></div>		<div>FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS</div>		<div>May 05 1998 8:00 Secretary of State</div>	
<div>DOCUMENT # P16153 (9) 1. Corporation Name GLORIA JEAN'S GOURMET COFFEES CORP.</div>					
<div>Principal Place of Business 11480 Commercial Pkwy. Castroville, CA 95012</div>				<div>Mailing Address</div>	
<div>DO NOT WRITE IN THIS SPACE</div>					
<div>2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City &amp; State 23 Zip 24 Country</div>		<div>2a. Mailing Address 26 11480 Commercial Pkwy. 27 Suite, Apt. #, etc. 28 Castroville, CA 29 Zip 95012 30 Country US</div>		<div>3. Date Incorporated or Qualified 9/29/87 - IL 4. FEI Number 36-3185413 5. Certificate of Status Desired 6. Election Campaign Financing Trust Fund Contribution 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.</div>	
<div>9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324</div>				<div>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</div>	
<div>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.</div>					
<div>SIGNATURE Signature typed or printed name of registered agent and filed if applicable (NOTE: Registered Agent signature required when reinstating)</div>					
<div>12. OFFICERS AND DIRECTORS TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETE TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETE TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETE TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETE TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETE</div>			<div>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP</div>		
<div>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.</div>			<div>800002510578 -05/05/98--01032--028 ***150.00</div>		
<div>SIGNATURE: [Signature]</div>			<div>4/28/98 (408) 633-6306</div>		