FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT 1996

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

DOCUMENT # P23462 (5)

1. Corporation Name

HILLSIDE COFFEE OF CALIFORNIA, INC.

Principal Place of Business	Mailing Address
2255 GLADES RD STE 100-E BOCA RATON FL 33431 US	2255 GLADES RD STE 100-E BOCA RATON FL 33431 US

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

2a. Mailing Address — 26 / Suite, Apt. #, etc. 27 / City & State 28 / Zip 29 / Country 30

3. Date Incorporated or Qualified: 03/17/1989
3a. Date of Last Report: 02/01/1995
4. FEI Number: 77-0066663 — 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**

CT CORPORATION SYSTEM
8751 W. BROWARD BLVD.
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 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 ____ (Type or print 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	PD	☒ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	BOYER, DENNIS L		1.2 NAME		
STREET ADDRESS	801 SEABREEZE BLVD		1.3 STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE FL		1.4 CITY-ST-ZIP		
TITLE	EVP	☐ DELETE	2.1 TITLE	President	☒ Change ☐ Addition
NAME	BREEN, DON		2.2 NAME		
STREET ADDRESS	225 E GLADES RU ST 100-E		2.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	BOLDUC, J P		3.2 NAME		
STREET ADDRESS	3000 SOUTH OCEAN BLVD		3.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	CASLEMAN, PETER M		4.2 NAME		
STREET ADDRESS	10 HUCKLEBERRY HILL RD		4.3 STREET ADDRESS		
CITY-ST-ZIP	NEW CANAAN CT		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	NEWTON, RAY III		5.2 NAME		
STREET ADDRESS	170 E. 77TH STREET #2E		5.3 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK FL		5.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	6.1 TITLE	VICE PRESIDENT - FINANCE	☐ Change ☑ Addition
NAME	BOYER, DENNIS L		6.2 NAME	BARRY BILMES	
STREET ADDRESS	801 SEABREEZ BLVD		6.3 STREET ADDRESS	10060 NW 62 ST	
CITY-ST-ZIP	FT. LAUDERDALE FL		6.4 CITY-ST-ZIP	PARKLAND, FL 33076	

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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Barry Bilmes — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-9-96 (Date) (407) 995-2600 (Daytime Phone #)

CR2E034 (12/95)