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FILED

Apr 25 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P24521

(7)

1. Corporation Name  
CHOCK FULL O'NUTS CORPORATION



Principal Place of Business  
370 LEXINGTON AVENUE  
NEW YORK NY 10017

Mailing Address  
370 LEXINGTON AVENUE  
NEW YORK NY 10017-6503

3. Date Incorporated or Qualified  
05/26/1989

3a. Date of Last Report  
02/15/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

13-0697025

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

THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301

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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P  
NAME HAAS, MARVIN I  
STREET ADDRESS 370 LEXINGTON AVENUE  
CITY-ST-ZIP NEW YORK NY

DELETE

TITLE V  
NAME KASSAR, RICHARD  
STREET ADDRESS 370 LEXINGTON AVENUE  
CITY-ST-ZIP NEW YORK NY

DELETE

TITLE SVP  
NAME LEITNER, HOWARD M.  
STREET ADDRESS 370 LEXINGTON AVENUE  
CITY-ST-ZIP NEW YORK NY

DELETE

TITLE VST  
NAME CULLEN, MARTI J  
STREET ADDRESS 370 LEXINGTON AVENUE  
CITY-ST-ZIP NEW YORK NY

DELETE

TITLE D  
NAME CULLEN, MARTIN J.  
STREET ADDRESS 370 LEXINGTON AVENUE  
CITY-ST-ZIP NEW YORK NY

DELETE

TITLE D  
NAME ALEXANDER, NORMAN E.  
STREET ADDRESS 370 LEXINGTON AVENUE  
CITY-ST-ZIP NEW YORK NY

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

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 in an attachment with an address.

SIGNATURE:

HOWARD LEITNER  
President

4/10/97

(313) 532-0300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0004088

CR2E034 (9/96)