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

PROFIT CORPORATION **ANNUAL REPORT**

1998



Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P24521

(7)

CHOCK FULL O'NUTS CORPORATION

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FILED Apr 14 1998 8:00am Secretary of State

370 LEXINGTON AVENUE 370 LEXIN		Mailing Address				BIEN ONNY ONDIN DIDIN BIDIN EEDE
		370 LEXINGTON AVENUE NEW YORK NY 10017				
					DO NOT WRITE IN TH	IIS SPACE
					3. Date Incorporated or Qualified	·
2. Principal	Place of Business	2a. Mailing Address			05/26/1989 4. FEI Number	
21	race of basiless	26				Applied For Not Applicable
Suite, Api	#, etc.	Suite, Apt. #, etc.			13-0697025	\$8.75 Additional
22		27			5. Certificate of Status Desired	Fee Required
City & Sta	de	City & State			6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Zip	Country	Zφ	Count	ry	8. This corporation owes or has paid the	
24	25 9. Name and Address of Cur	29	[30]		Personal Property Tax due June 30.	Yes No
•		······	8	1 Name	10. Name and Address of New Register	ad Agent
	HE PRENTICE-HALL CORPORA 201 HAYS STREET	ATION STOTEM, INC.				
	UITE 105		6.	2 Street Add	dress (P.O. Box Number is Not Acceptable)	
•	ALLAHASSEE FL 32301		8	3		
''			<u> </u>	<u> </u>		
			8	4 City	F	85 Zip Code
11. Pursuan	to the provisions of Sections 607	0502 and 607.1508, Florida Sta	tutes, the abo	ve-named cor	rporation submits this statement for the purpose ation's board of directors. I hereby accept the a	e of changing its registered
agent. I	am familiar with, and accept the ol	tale of Florida, Such change wa bligations of Section 607,0505	s authorized t Florida Statut	by the corpora es.	ation's board of directors. I hereby accept the a	appointment as registered
SIGNATURE						
12.	Signature, typed or printed name of registered	d agent and title if applicable (N AND DIRECTORS		gent signature requ	uired when reinstating) DATI	
TITLE	P	DELETE	13.		ADDITIONS/CHANGES TO OFFICERS A	Change Addition
NAME	HAAS, MARVIN I		1.2 NAME			C Onlarge C Nation
STREET ADDRESS	370 LEXINGTON AVENUE			ET ADDRESS		
CITY-ST-ZIP	NEW YORK NY		1.4 CITY			
TITLE	V	☐ DELETE	2.1 TITLE			Change Addition
NAME	KASSAR, RICHARD		2.2 NAME			
STREET ADDRESS	370 LEXINGTON AVENUE		23 STRE	ET ADDRESS		
CITY-ST-ZIP	NEW YORK NY	- Decree	2 4 CITY			
TITLE	SVP	☐ DELE1E	3 1 TITLE			Change Addition
NAME STREET ADDRESS	LEITNER, HOWARD M. 370 LEXINGTON AVENUE		3 2 NAME			
CITY-ST-ZIP	NEW YORK NY			T ADDRESS		
TITLE	VST	DELETE	3.4. CITY 4.1 TITLE			Change Addition
NAME	CULLEN, MARTI J		4, 2 NAM			
STREET ADDRESS	370 LEXINGTON AVENUE			T ADDRESS		
CITY-ST-ZIP	NEW YORK NY		4.4 CITY-			· ·
TITLE	D	☐ DELETE	5.1 TITLE		***************************************	☐ Change ☐ Addition
NAME	CULLEN, MARTIN J.		5.2 NAME			
STREET ADDRESS	370 LEXINGTON AVENUE		5.3 STREE	T ADDRESS		
CITY-ST-ZIP	NEW YORK NY		5.4 CITY-	ST-ZIP		
TITLE	D NEVANDED NOOMAN E	☐ DELETE	6.1 TITLE			Change Addition
NAME	ALEXANDER, NORMAN E.		6.2 NAME	- 1		
STREET ADDRESS	370 LEXINGTON AVENUE		6.3 STREE	TADDRESS		

14. Thereby 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 toceiver 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 attrictment with an address

ener Vice Preside