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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P9200002147 (6)

FLORIDA ROASTER'S CORP.

					8       <b>8  </b>     <b>                               </b>	
Principal Place of Business Maiting Address						
10125 GLADE		10125 GLADES ROAD BOCA RATON FL 334	20 6700			
BOCA RATON FL 33498 BOCA RAT			95-0739	ļ		
	:	••		3. Date Incorporated or Qualified 10/30/1992	3a. Date of Last Report 05/01/1996	
2. Principal F	Place of Business	2a. Mailing Address		4. FEI Number	Applied For	
21		26		65-0378142	Not Applicable	
Sulte, Apt	. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	*8.75 Additional	
22	A	27		_	Fee Required	
City & Sta	ue	City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be	
Zip	Country	7 <sub>(p)</sub>	Country	8. This corporation has liability for int		
24	25	29	30		Yes No	
	9. Name and Address of Curre			10. Name and Address of New Regi	stered Agent	
BA	DACH, FRANK		81 Name			
TEES DAILY DEACH LAVES DIVID				Address (P.O. Box Number is Not Acceptable)		
SUITE 1510			or succind	areas (1.0. box Hamber is Not Neceptuolo	,	
WE	ST PALM BEACH FL 33401		83			
			84 City		■ 85 Zip Code	
			0.17		FL S Zip Code	
SIGNATURE	Signature, typed or printed name of registered a	agerd and tille if applicable	NOTE Registered Agent signature req		DATE	
12.	OFFICERS A	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICE		
TITLE	FORGIONE, DENNIS	☐ DELETE	1.1 TITLE		Change Addition	
NAME	21210-15A ST. ANDREWS B	ı vn	1.2 NAME			
STREET ADDRESS	BOCA RATON FL	LTU.	1.3 STREET ADDRESS		•	
CITY-ST-ZIP TITLE	V	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		Change Addition	
NAME	FORGIONE, DAWN		2.2 NAME		C orango C Rodicor	
STREET ADDRESS	10125 GLADES DRIVE		2.3 STREET ADDRESS			
CITY-ST-ZIP	BOCA RATON FL		2. 4 CITY - ST - ZIP			
TITLE		☐ DELETE	3.1 TITLE		Change Addition	
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP	<u> </u>		3.4. CITY - ST - ZIP			
TITLE		☐ DEFELE	4.1 TITLE		Change Addition	
NAME			4 2 NAME			
STREET ADDRESS			4 3 STREET ADDRESS			
CITY-ST-ZIP		Driese	4.4 CHY-ST-ZIP		Charter Live	
TITLE	1	☐ DELETE	5.1 TITLE		Change Addition	
NAME CTREET ADDRESS			5.2 NAME			
STREET ADDRESS CITY-ST-ZIP			5.3 STREET ADDRESS			
Latt • 31 • / IF						
TITLE		DELETE	5.4 CITY+ST-ZIP 6.1 TITLE		Change Addition	

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 Black 13 if changed, or on an attachment with an address.

CIGNATURE.

STREET ADDRESS CITY-ST-ZIP

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**FILED** 

Apr 29 1997 8:00am

Secretary of State

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