FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00									1-2		
COMPORATION FLORIDA DEPARTMENT OF STAT					STATE				,	-	
Sandra B. Mortha											
1	Secretary of State				ONE						
1995 DIVISION OF CORPORATIONS						1					
DOCUME	NT #P93-34899										
1. Corporation N	Varne										
						i					
HOLIDAY HO	HOLIDAY HOUSE COFFEE, INC.						V				
Principal Place of Business Mailing Address											
						ŀ					
							DO NOT WRITE I				
							ncorporated or Qualified	ł	te of Last Re	port	
							22/93	12.	<u>/31/94 </u>		
2. Principal Plac		2a. Mailing Address	705			4. FEI No				opplied For	
21 _ P, O, Suite, Apt. #	Box_7358	26 P.O. BOX Suite, Apt. ≠, etc.		<u> ช</u>		59	<u>3176765</u>			fot Applicable 5 Additional	
└	, 4 16.	27				5. Certifi	cate of Status Desired		1	D Additional Required	
City & State		City & State				6. Election Campaign Financing				O May Be	
└	y Chapel, FL	28 Wosley Cl	hane	ւ 1	FI.					d to Fees	
Zip	Country	Ζip	Cou			8. This corporation has liability for intangit			tax under S	. 199.032,	
24 33543	25	29 33543	30			Florid	a Statutes X Y	Yes No			
9. Nan	ne and Address of Current	Registered Agent		_		10. Nam	e and Address of New Re	gistered	Agent		
İ			8	11	Name						
			-	_							
			ا	12	Street Add	Iress (P.O. Box Number is Not Acceptable)					
				13							
BERNARD WI	INKLER										
P.O. Bor			a	14	City	85 Zip Code					
Wesley Chapel, FL 33543					•			f			
11. Pursuant to the	provisions of Sections 607.050	2 and 607.1508, Florida Sta	tutes, th	e at	ove named c	orporation a	ubmits this statement for the pu	rpose of ch	anging its regi	stered office	
	gent, or both, in the State of Flori and accept the obligations of, Sec			HD C (orporation s o	Sara of GREC	tors, mereby accept the appoint		Antonian aftern	. (
SIGNATURE:							* * *		D4		
\$4	gnature, typed or printed name		т аррис	: 4 D4			Agent signature required who				
TITLE	V	AND DIRECTORS			13. 11 TITLE	ADL	DITIONS/CHANGES TO OF	FICERS A			
NAME DESCRIPTION WINKINGS FROM					12 NAME			L.	Change _	Addition	
street ADDRESS 25533 Oather Blvd crry-st-zip - Land O'Lakes, FL 34639					13 STREET	ADDRESS					
CITY - ST - ZIP	BERNARD WINKLER	6, FD 34039 . TREAS			21 TITLE) 1 - 24F			Change	Addition	
NAME	25533 Onto Dive				22 NAME	ADDRESS					
STREET ADDRESS CITY - ST - ZIP	Janes O'Intres	, FL 34639			24 CITY - 8						
TITLE					31 TITLE			L	Change	Addition	
NAME STREET ADDRESS					32 NAME 33 STREET	ADDRESS	=				
CAY - ST - ZIP					34 C/TY - 8	T - ZIP			1 1		
TITLE NAME					42 NAME			L	Change [Addition	
STREET ADDRESS						ADDRESS					
TITLE				_	61 TITLE) - ZR-			Change	Addition	
NAME					52 NAME		ဗက္ကက္ကက္က 1 န	1 7 74	-1000		
STREET ADDRESS CITY - ST - ZIP					53 STREET 54 CITY - 8	ADDRESS	-06/27/960 ***200.00	1034~	-U12		
TITLE					61 TITLE		**** <u>CUU, UU</u>		Change	Addition	
NAME STREET ADDRESS					62 NAME 63 STREET	ADDRESS					
CITY . ST . 7IP			4		64 CITY - 8	T - ZIP		10.03/51/	d Etaalda Care	dan I di indi i	
certify that the	tify that the information supplied information indicated on this an	nual report or supplemental :	annuai r	epo	ort is true and :	accurate and	d that my signature shall have ti	ne same le	gai effect as if :	made under	
oath that lam	an officer or director of the corp ck 12 or Block 13 if changed, or	oration or the receiver or true	tee emp	X	rered to execu	te this repor	t as required by Chapter 607, F	iorida Stat	utes, and that I	my name	
	IDE.	MILLI BILL BILL BILL BILL BILL BILL BILL			Den	non 1	dinasco Alante	ri			
SIGNAT	SIGNATURE AND	TYPED OR PRINTED NAME	OF SKI	NIP	OFFICER (OR DIRECT	WINKLER 4/30/9	' E'	Daytime Phone	, *	
•	GENTATURE AND	THE ON THE LEGISLAND									

C3 5/1/96

FILE NOW: FILIN	IG FEE AFTEI	R MAY 1 IS	\$225.00	P93000034	799	2	2.
PROFIT CORPORATION ,:4NNUAL REPORT 1996		FLORIDA DE PART Sandra B Secretary DIVISION OF CO	MENT OF STATE Mortham of State				. .
DOCUMENT # 1. Corporation Name	7.77.05.00						
Principal Place of Business	Mailir	ng Address					
				3. Date Incorporated or Qualified	3a. Date o	of Last Repo	orl .
2. Principa: Place of Business	├ ¬	la ing Address		4. FET Number		L	aica For Applicable
Suite Apt #. etc	├ ─¬	uite, Apt. #, etc.		5. Certificate of Status Desired	[.]	\$8.75 Ac	dditional
C ty & State	·	dy & State		Election Campa gri Financing Trust Fund Contribution	[. J	\$5.00 N	
	y 7 29	ip	Country 30	This corporation has Lability for Florida Statutes [] Yes	intangible to		
	ess of Current Register			10. Name and Address of New R	egistered A	gent	
			81 Name	RNARD WINKLER			
			82	33 OAKS BLVD			
			83	ON STREET			
			84 City			85 Zp Ç	lode
			1.4_1	10 O'LAKES	FL	3.4	<u>639</u>
affice or required appeal or bot	a ta tuo Stato o' Kiooda	- Such change was a	HUDOLIZED ON ILIC COLDON	rporation submits this statement for the ation's board of directors. I hereby acc	purpose of dept the appo	anangaig iis intrent as r	egistered egistered
agent. I am familiar with, and acc	cept the obligations of, S	Section 607 0505, F-o	rida Statutes				
SIGNATURE Sequence Typed or per bid name	with region of a gent and the dis	gazorator (rante	Be pared Agerts gratine by	work where reproductings	DATE	· · · · ·	
12.	DEFICERS AND DIRECT		13.	ADDITIONS/CHANGES TO OFF		DIRECTOR:	SIN 12 Adaba
TILE		[T] DELETE	1 1 Hf.F . 12 NAM1		'		- '
NAME CERTIFICATION CO.			1 3 STREET ADURESS				
STREE! ADDRESS CITY ST ZIP			E4 CHY S1-ZIF				
TILE		DELETE	2.1 0711			Charge	[] AJHillum
NAME			2.2 NAME				
STREET ADDRESS			2.3 STPEET ADDRESS				
C(1+-ST-ZIP		7.05.01	2.4 CITY ST ZIP			Change	Ad-Mont
וזינו		L. DELETE	3 1 TITLE 32 NAME			C •	
NAME STOCKE A NUMBER OF			3.3 STREET ALCORESS				
STREET ACORESS CITY ST-ZIP			3.4 (HTY - S1 - Z.P				
TITLE		[] DELETE	4 1 1111.6			Change	[Additan
NAMi			4.2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY ST 7IF		The ste	4.4 C.I'Y ST ZIP			Charigi	A.detros
Tif_E		[_] DELETE	5 1 ft/cf			2 190	
NAME			5 2 NAME 5 3 STREET ADDRESS				
STREET ADORESS			5.3 STREET ADDRESS				
CITY - ST - ZIP Title		DELETE	6.1 Def			[] Charge	Addition
NAM:			6.2 NAMI				
STREET ADDRESS			6.3 STHEFT ADDRESS				
6.15: 61.79			64 CHY ST ZIP				C
14. I do hereby certify that the infor	mation supplied with the	s filing is voluntarily fu	urnished and does not dental angual report is fri	ualify for the exemption stated in Section and accurate and that my signature great to execute this report as required	on 119 07(3) shal _c have th	(K), Florida (je same leg	adender i Alenectas i
made under oath, that I am and that my name appears in Black	officer or director of the 12 or block 13 comig	corporation or the receded, or on an attachm	ceiver or trustee empow ent with an address	ge and accurate and entriny signature ered to execute this report as required	by Ct apter	607 Florida	Stafulies ar

OF SIGNING OFFICER OR DIRECTOR

BERNARD WINKUR \$13.973-2200