

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

FILED
Feb 20 1996 8:00 am
Secretary of State

DOCUMENT # **P93000034995 (9)**

1. Corporation Name

ROASTERS CORP.



Principal Place of Business

Mailing Address

**899 WEST CYPRESS CREEK RD
SUITE 500
FT LAUDERDALE FL 33309
US**

**899 WEST CYPRESS CREEK RD
SUITE 500
FT LAUDERDALE FL 33309
US**

3. Date Incorporated or Qualified
05/14/1993

3a. Date of Last Report
02/23/1995

2. Principal Place of Business

2a. Mailing Address

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

22. City & State

27. City & State

23. Zip Country

28. Zip Country

24. 25.

29. 30.

4. FEI Number

65-0410705

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

10. Name and Address of New Registered Agent

**BARNETT, CHARLES D
899 WEST CYPRESS CREEK RD
SUITE 500
FT LAUDERDALE FL 33309**

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 ☐ DELETE
NAME **CDP**
STREET ADDRESS **BROWN, JOHN Y JR**
CITY-ST-ZIP **899 WEST CYPRESS CREEK RD., STE 500
FT LAUDERDALE FL**

TITLE ☐ DELETE
NAME **S**
STREET ADDRESS **CHARLES D. BARNETT,**
CITY-ST-ZIP **899 WEST CYPRESS CREEK RD., STE 500
FT LAUDERDALE FL**

TITLE ☐ DELETE
NAME **EVPD**
STREET ADDRESS **GREGORY G.DOLLARHYDE,**
CITY-ST-ZIP **899 WEST CYPRESS CREEK RD., STE 500
FT LAUDERDALE FL**

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **CHRISTIAN F. HORN,**
CITY-ST-ZIP **20300 STEVENS CREEK BLVD. #330
CUPERTINO CA 95014**

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **DREW LEWIS,**
CITY-ST-ZIP **8TH AND EATON
BETHLEHEM PA 18018**

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **YIOUN, VINCENT TAN CH**
CITY-ST-ZIP **30 JALAN SULTAN ISMAIL
MALAYSIA**

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

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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:

Charles D. Barnett
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/16/96
Date

954-489-7317
Daytime Phone #

CR2E034 (12/95)