SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 19, 1994.
AMOUNT DUE ON OR BEFORE 8/19/94: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

CORPORATION ANNUAL REPORT **1994**

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

94 AUG -9 AM 10: 39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000061974 (0)**

1. Corporation Name
ESPRESSO YOURSELF, INC.

Mailing Address
111 2ND AVE. NE
ST. PETERSBURG FL 33706

Principal Place of Business
111 2ND AVE. NE
ST. PETERSBURG FL 33706

If above addresses are incorrect in any way, line through incorrect information and enter correction below

DO NOT WRITE IN THIS SPACE

2. Mailing Address
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Principal Place of Business
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualified: **08/31/1993**
3a. Date of Last Report:
4. FEI Number: **59-3198241** 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**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
NARDI MICHEL ESQ
915 CHESTNUT ST.
CLEARWATER FL 34616

10. Name and Address of New Registered Agent
81 Name: MARC A. MANCINO
82 Street Address (P.O. Box Number is Not Acceptable): 601 5th AVE. NO.
83
84 City: ST. PETERSBURG FL 85 Zip Code: 33701

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE: MARC A. MANCINO 8/4/94
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when mandatory.)

12. OFFICERS AND DIRECTORS

11 TITLE	D
12 NAME	MANCINO MARC A
13 STREET ADDRESS	490 BELLE POINT DR.
14 CITY-ST-ZIP	ST. PETERSBURG FL 33706
21 TITLE	SECRETARY/TREASURE
22 NAME	JEANETTE MAKARYK
23 STREET ADDRESS	490 BELLE POINT DR.
24 CITY-ST-ZIP	ST. PETE BEACH, FL 33706
31 TITLE	
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

13. CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

AS

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions 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 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 above, or on an attachment with an address.

SIGNATURE: MARC A. MANCINO 8/4/94 813 882-6616
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Telephone Number