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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

May 02 1997 8:00am

Secretary of State

813-871-2286

4-22-97

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

Principal Place of Business

2909 W CYPRESS STREET

SIGNATURE:

TAMPA FL 33607

DOCUMENT # P93000068124 (5)

Mailing Address 2909 W CYPRESS STREET

TAMPA FL 33609-1630

ALESSI COFFEE'S, PASTRY'S & SANDWICHES, INC.

| | | | | | | | 3. Date Incorporated or | Qualified | | te of Last R | eport |
|--|---|---|--|--------------------------|---|--------------------|--|---------------------------------------|---------------------------------------|--------------|----------------|
| 9 Principal D | lace of Business | 2a Mailin | 2a. Mailing Address | | | | 09/30/1993 05/16/1996 4. FEI Number Lapplied For | | | | |
| 21 | lace of Edwinds | 26 | | | | | 4. FEI Number Applied For Not Applied For Not Applied For | | | | |
| Suite Apt. | #, etc. | | Apt. #, etc. | | | | | | | | Additional |
| 22 | | 27 | 27 | | | : | 5. Certificate of Status D | esired | | | equired |
| City & Stat | е | City 8 | City & State | | | | Election Campaign Financing \$5.00 May Be | | | | |
| 23 | | 28 | | | | | Trust Fund Contribution | | | | |
| Zip | | | | Country | y | | 8. This corporation has liability for intangible tax under s. 199.032, | | | | |
| 24 25 29 3 9. Name and Address of Current Registered Agent | | | | 30 | | | Florida Statutes Yes No 10. Name and Address of New Registered Agent | | | | |
| | | 81 | Τ. | Name | 10. Name and Address of New Registered Agent | | | | | | |
| ALESSI, PHILIP | | | | | of Maine | | | | | | |
| 2909 W CYPRESS ST. | | | | | 82 Street Address (P.O. Box Number is Not Accepts | | | | le) | | |
| SUITE ONE | | | | | - | | | | · · · · · · · · · · · · · · · · · · · | | |
| TAMPA FL 33609 | | | | | | | | | | | |
| • | | | | | | City | | | FL | 85 Zip (| Code |
| 11. Pursuant | to the provisions of Sections | 607.0502 and 607.150 | 8. Florida Statute | es, the abov | .L ∕e-n | amed corpo | ration submits this stateme | nt for the p | urpose of | changing if | ts registered |
| 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. | | | | | | | | | | | |
| - 0 | BIFTAITHIA: WILL, GITO &CCOPICE | ric obligations or, secti | 017,000 0 ,710 | Jilua Statute | · 3. | | | | | | |
| SIGNATURE | Signature, typed or printed name of reg | istered agent and title if applica | tote (NOTE | E Registered Ag | eni s | signature required | when reinstating) | | DATE | | |
| 12. | OFFIC | ERS AND DIRECTORS | weeks a second s | 13. | | | ADDITIONS/CHANGES | TO OFFIC | ERS AND | DIRECTOR | IS IN 12 |
| TITLE | D | | DELETE | 1.1 TITLE | | j | | | | L Change | Addition |
| NAME | ALESSI, PHILIP | | | 1.2 NAME | | | | | | | |
| STREET ADDRESS | 2909 W CYPRESS ST | | 1.3 STREET ADDRESS | | | | | | | | |
| CHTY - \$1 - ZIP | TAMPA FL 33607 | | - j | 1.4 CITY-S | ST-Z | ZIP | | | | | 11.00 |
| TOLE | DOWNER DEN ALEG | O) | DELETE | 2.1 TITLE 2.2 NAME | | | | | | L Change | Addition |
| NAMÉ | BOWDEN, DENA ALESSI 2009 W CYPRESS ST. | | | | | | | | | | |
| STREET ADDRESS | TAMPA FL | | | 2.3 STREE | | 1 | | | | | |
| CFTY - ST - ZIP TITLE | IAMEA EL | | DELETE | 2. 4 CITY - 3.1 TITLE | SI · | ZIP | | | | Change | Addition |
| NAME | | | C) becer | 3.2 NAME | | | | | | Onlings | |
| STREET ADDRESS | | | | | | DRESS | | | | | |
| CITY-ST-ZIP | | | | 3.4. CITY- | | | | | | | |
| TITLE | | | DELETE | 4.1 TITLE | 91.7 | · | <u></u> | · · · · · · · · · · · · · · · · · · · | | Change | Addition |
| NAME | | | | 4. 2 NAME | | | | | , | • | |
| STREET ADDRESS | | | | 4.3 STREE | T AD | DRESS | | | | | |
| CITY: ST-ZIP | | | | 4.4 CITY - 1 | ST - Z | ZIP | | | | | |
| TITLE | | | DELETE | 5.1 TITLE | | | | | | Change | Addition |
| NAME | | | | \$2 NAME | | | | | | | |
| STREET ADDRESS | | | | 5.3 STREET | T AD | DRESS | | | | | |
| CITY - S1 - 712 | | | T-1 | 5.4 CITY- | ST-Z | ZIP | | · | | T 20 | 1 |
| likE | | | DELETE | 6.1 TITLE | | | | | | Change | Addition |
| NAME | | | | 6.2 NAME | | 1 | | | | | |
| STREET ADDRESS | | | | 6.3 STREE | | | | | | | |
| Dity-St-ZiP | by certify that the information | erinnliad with this filing | dose not quelit | 6.4 CITY-: | | | n Section 119 07/3\fit Elevi | da Statuto | e I further | certify that | the |
| information | on indicated on this annual re officer or director of the corpo | port or supplemental a | nnual report is to | rue and acc | ura | ite and that r | ny signature shall have the | same lega | effect as | if made un | der oath; that |
| l am an c appears | officer or director of the corpor in Block 12 or Block 13 if cha | ration or the receiver o inged, or on an atlachr | r trustee empow nent with an add | rerea to exer dress: | cute | e this report | as required by Charter 60 | r, Florida S | 18 ; 291UIBI C 1 0 | nd that my r | name |

RECOUNTED