

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 14 1996 8:00 am
Secretary of State

DOCUMENT # P93000077283 (8)

1. Corporation Name

HOWYA BEAN, INC.



Principal Place of Business

5477 FACTORY SHOPS BLVD.
ELLENTON FL 34222
US

Mailing Address

~~8500 NW 79 ST.~~
~~TAMARAC FL 33321~~
~~US~~

3. Date Incorporated or Qualified
11/02/1993

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 1000 NW 1st Ave

22 City & State

27 Ste #20

23 Zip

Country

28 Boca Raton FL

24

25

29 33432

30 US

4. FEI Number
65-0447865

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

MANSFIELD, GARY
~~8500 NW 79 ST.~~
~~TAMARAC FL 33321~~

new address →

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

1000 NW 1st Ave Ste 20

83

84 City Boca Raton

FL

85 Zip Code 33432

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE ☒ Change ☐ Addition

NAME MANSFIELD, MURIEL
STREET ADDRESS ~~8500 NW 79 STREET~~
CITY-STATE-ZIP TAMARAC FL 33321

12 NAME 1000 NW 1st Ave Ste 20
13 STREET ADDRESS Boca Raton, FL. 33432
14 CITY-STATE-ZIP

TITLE ☐ DELETE

2.1 TITLE ☒ Change ☐ Addition

NAME MANSFIELD, LAWRENCE
STREET ADDRESS ~~8500 NW 79 STREET~~
CITY-STATE-ZIP TAMARAC FL 33321

22 NAME 1000 NW 1st Ave Ste 20
23 STREET ADDRESS Boca Raton FL. 33432
24 CITY-STATE-ZIP

TITLE ☐ DELETE

3.1 TITLE ☒ Change ☐ Addition

NAME MANSFIELD, STEPHEN
STREET ADDRESS ~~8500 NW 79 ST.~~
CITY-STATE-ZIP TAMARAC FL

32 NAME 1000 NW 1st Ave Ste 20
33 STREET ADDRESS Boca Raton FL. 33432
34 CITY-STATE-ZIP

TITLE ☐ DELETE

4.1 TITLE ☒ Change ☐ Addition

NAME MANSFIELD, GARY
STREET ADDRESS ~~8500 NW 79 ST.~~
CITY-STATE-ZIP TAMARAC FL

42 NAME 1000 NW 1st Ave Ste 20
43 STREET ADDRESS Boca Raton, FL. 33432
44 CITY-STATE-ZIP

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS

52 NAME
53 STREET ADDRESS

CITY-STATE-ZIP

54 CITY-STATE-ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS

62 NAME
63 STREET ADDRESS

CITY-STATE-ZIP

64 CITY-STATE-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, attach an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)