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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

May 15 1997 8:00am

Secretary of State

(96/6)

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P93000083021 (4)

THE ROASTED BEAN, INC.

I am an officer or director of the appears in Block 12 or Block 12

Mailing Address Principal Place of Business 10047 CLEARY BLVD 10047 CLEARY BLVD PLANTATION FL 33324 PLANTATION FL 33324-1063 3a. Date of Last Report 3. Date Incorporated or Qualified 12/06/1993 05/01/1996 4. FEI Number 2. Principal Prace of Business 2a. Mailing Address Applied For 65-0452442 21 26 Not Applicable Suite, Apt. #, etc. Suite. Apt. #. etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Country Zip This corporation has liability for intengible tax under s. 199.032, 25 29 30 Florida Statutes Yes □ No 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name rizika. Philip 2721 MONTEVIDEO AVE. Street Address (P.O. Box Number is Not Acceptable) 82 COOPER CITY FL 33026 83 City 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. Signer nei typerd or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. Change Addition DELETE TITLE 1.1 TITLE RIZIKA, PHILIP NAME 1.2 NAME 2721 MONTEVIDEO AVE. 1.3 STREET ADDRESS STREET ADDRESS COOPER CITY FL 33026 CITY - S\* - 7IP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS STREET ADORESS CRY-ST-ZIP 2. 4 CITY - ST - ZIP \_\_\_ DELETE ☐ Addition 3.1 TITLE \_\_\_ Change THLE 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST-ZIP City -SI - 7.6 DELETE Change 41 TITLE Addition TITLE 4.2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - S1 - ZIP 4.4 CITY-ST-ZIP DELETE Change Addition HILE 5.1 TITLE 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP City-S1-ZiP DELETE Addition 6.1 TITLE THE NAMi 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** CHY-S1-7IP 6.4 CITY-ST-ZIP 14. If do hereby certify that the information supplied with this filing does not qualify for the exemption 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, Florida Statutes, and that my name