

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

DOCUMENT # P94000050578 (1)

1. Corporation Name

BERMUDA TRIANGLE COFFEEHOUSE COMPANY



Principal Place of Business

1400 PONCE DE LEON DRIVE
FORT LAUDERDALE FL 33316

Mailing Address

P.O. BOX 030550
FORT LAUDERDALE FL 33303-0550

3. Date Incorporated or Qualified
07/08/1994

3a. Date of Last Report
03/17/1995

2. Principal Place of Business

2a. Mailing Address

21 602 EAST LAS OLAS BLVD.

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

28 City & State

23 FORT LAUDERDALE, FL

28 City & State

24 Zip

25 Country

29 Zip

30 Country

24 33301

25 USA

29

30

4. FEI Number

65-0502979

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

EGDES
-EGDES, MICHAEL
1400 PONCE DE LEON DR
FT LAUDERDALE FL 33316

81 Name MICHAEL EGDES

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

602 EAST LAS OLAS BOULEVARD

83

84 City FORT LAUDERDALE

FL

85 Zip Code 33301

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] MICHAEL EGDES (PRESIDENT)

04:19:96

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME EGDES, MICHAEL I
STREET ADDRESS 1400 PONCE DE LEON DRIVE
CITY-ST-ZIP FORT LAUDERDALE FL 33316

☐ DELETE

1.1 TITLE P/C/S/T
1.2 NAME EGDES, MICHAEL I
1.3 STREET ADDRESS 1400 PONCE DE LEON DRIVE
1.4 CITY-ST-ZIP FORT LAUDERDALE, FL 33316

☒ Change ☒ Addition

TITLE V
NAME SANDS, JAMES A.
STREET ADDRESS 1400 PONCE DE LEON DR
CITY-ST-ZIP FT LAUDERDALE FL

☐ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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)(c), 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 as an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL EGDES, PRESIDENT

04:19:96

(954) 832-9090

Date

Daytime Phone #

CR2E034 (12/95)