

FILED

May 11 1998 8:00am
Secretary of State

PROFIT CORPORATION CORPORATION ANNUAL REPORT 1998				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 602 E LAS OLAS BLVD FORT LAUDERDALE FL 33301 US			Mailing Address P.O. BOX 030550 FORT LAUDERDALE FL 33303-0550		
2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip Country 24. 25.			2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip Country 29. 30.		
g. Name and Address of Current Registered Agent					
EDES, MICHAEL 602 E LAS OLAS BLVD FT LAUDERDALE FL 33301				B1. Name B2. Street Address B3. B4. City	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation has changed its principal place of business, office or registered agent, or both, in the State of Florida. Such change was authorized by the corporate officers and directors, and I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE _____ Signature, typed or printed name of registered agent and filer if applicable. (NOTE - Registered Agent signature required.)					
OFFICERS AND DIRECTORS					
12.				13.	
TITLE	PCT	<input type="checkbox"/>	DELETE	1.1 TITLE	
NAME	EDES, MICHAEL I			1.2 NAME	
STREET ADDRESS	1400 PONCE DE LEON DRIVE			1.3 STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE FL			1.4 CITY-ST-ZIP	
TITLE	V	<input type="checkbox"/>	DELETE	2.1 TITLE	
NAME	SANDS, JAMES A.			2.2 NAME	
STREET ADDRESS	1400 PONCE DE LEON DR			2.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL			2.4 CITY-ST-ZIP	
TITLE		<input type="checkbox"/>	DELETE	3.1 TITLE	
NAME				3.2 NAME	
STREET ADDRESS				3.3 STREET ADDRESS	
CITY-ST-ZIP				3.4 CITY-ST-ZIP	
TITLE		<input type="checkbox"/>	DELETE	4.1 TITLE	
NAME				4.2 NAME	
STREET ADDRESS				4.3 STREET ADDRESS	
CITY-ST-ZIP				4.4 CITY-ST-ZIP	
TITLE		<input type="checkbox"/>	DELETE	5.1 TITLE	
NAME				5.2 NAME	
STREET ADDRESS				5.3 STREET ADDRESS	
CITY-ST-ZIP				5.4 CITY-ST-ZIP	
TITLE		<input type="checkbox"/>	DELETE	6.1 TITLE	
NAME				6.2 NAME	
STREET ADDRESS				6.3 STREET ADDRESS	
CITY-ST-ZIP				6.4 CITY-ST-ZIP	



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/08/1994		
4. FEI Number 65-0502979	Applied For	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
10. Name and Address of New Registered Agent		
ss (P.O. Box Number is Not Acceptable)		
FL 85 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.

SIGNATURE _____

Signature (Typed or printed name of registrant 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	PCST	1.1 TITLE	
NAME	EGDES, MICHAEL I	1.2 NAME	
STREET ADDRESS	1400 PONCE DE LEON DRIVE	1.3 STREET ADDRESS	
CITY - ST - ZIP	FORT LAUDERDALE FL	1.4 CITY - ST - ZIP	
TITLE	V	2.1 TITLE	
NAME	SANDS, JAMES A.	2.2 NAME	
STREET ADDRESS	1400 PONCE DE LEON DR	2.3 STREET ADDRESS	
CITY - ST - ZIP	FT LAUDERDALE FL	2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I 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 appears in Block 12 or Block 13 if changed, or on an annual report with an address.

SIGNATURE:

1/1/90 MICHAEL ESDEP

04:30:98 (954) 832-9090

CR2E034 (10/97)