

**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 # P94000068638 (3)**

1. Corporation Name

**CROFT COFFEE CO., INC.**



Principal Place of Business

**6315 FLETCHER ST.  
HOLLYWOOD FL 33023**

Mailing Address

**6315 FLETCHER ST.  
HOLLYWOOD FL 33023**

2. Principal Place of Business

2a. Mailing Address

21 **8951 SW 57TH STREET**

26 **8951 SW 57TH STREET**

Suite, Apt. #, etc

Suite, Apt. #, etc

22 -----

27 -----

City & State

City & State

23 **COOPER CITY FL**

28 **COOPER CITY FL**

Zip

25 **Broward**

29 **33328**

30 **Broward**

9. Name and Address of Current Registered Agent

**WEITZMAN, JACK L  
11420 S.W. 109 RD.  
MIAMI FL 33176**

61 Name

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

63

64 City

**FL**

65 Zip Code

3. Date Incorporated or Qualified

**09/19/1994**

3a. Date of Last Report

**05/01/1995**

4. FEI Number

**65-0520611**

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

10. Name and Address of New Registered Agent

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 based on printed name of registered agent for the applicable...

Signature of Registered Agent is required when filing...

Date

12. OFFICERS AND DIRECTORS

OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>DP</b>	<input type="checkbox"/> DELETE
NAME	<b>LORENZO, JUAN</b>	
STREET ADDRESS	<b>6315 FLETCHER ST.</b>	
CITY- ST- ZIP	<b>HOLLYWOOD FL 33023</b>	
TITLE	<b>DV</b>	<input type="checkbox"/> DELETE
NAME	<b>LORENZO, NANCY</b>	
STREET ADDRESS	<b>6315 FLETCHER ST.</b>	
CITY- ST- ZIP	<b>HOLLYWOOD FL 33023</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY- ST- ZIP	
2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
2. STREET ADDRESS	
2. CITY- ST- ZIP	
3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3. NAME	
3. STREET ADDRESS	
3. CITY- ST- ZIP	
4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4. NAME	
4. STREET ADDRESS	
4. CITY- ST- ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. NAME	
5. STREET ADDRESS	
5. CITY- ST- ZIP	
6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
6. STREET ADDRESS	
6. CITY- ST- 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)(b), 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 attachment with an address.

SIGNATURE: *[Signature]*

**\*JOHN LORENZO**

**2/9/96**

**305-532-6016**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Printed Name

CR2E034 (12/95)