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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P94000078262 (0) THE COFFEE TABLE, INC.								
Principal Place of Business Mailing Address					T INCHIDO: CIU INIII DABA SDIG BURR QUIL	AMPIC 1804) (BITA 1)(110 D() U]	HUI 1701
7711 NOVA DR DAVIE FL	HVE	7711 NOVA DRIVE DAVIE FL 33324-5833						
					3. Date Incorporated or Qualified 10/25/1994	3a. Date of 12/12/19		port
2, Principal P	race of Business	2a. Mailing Address	··.—		4. FEI Number			olied For
21 26 Site As a second			# ata					Applicable
Suite, Apt. #, etc.					5. Certificate of Status Desired		.75 A Fee Red	dditional
22 27					6. Election Campaign Financing			May Be
23		28			Trust Fund Contribution		dded to	
Zφ	Country)		y 8. This corporation has liability for i		ntangible tax under s. 199.032,		
24	25	29	30			Yes ZNo		
	 Name and Address of Currents RANDALL C 	ent Registered Agent		Name	10. Name and Address of New Re	pistered Agent		
6950 CYPRES ROAD SUITE 101 PLANTATION FL 33317				Street Add	ress (P.O. Box Number is Not Acceptab		Zip C	odo
11. Pursuard office or r agent 1 a SIGNATURE	to the provisions of Sections 60705 registated agent, or both, in the Statum familiar with, and accept the obli-	le of Florida. Such change wagetions of, Section 607.0505,	as authorized t Florida Statut	by the corpora	poration submits this statement for the p tion's board of directors. I hereby accep red when reinstating)	t the appointm	ent as r	egistered
12.	OFFICERS A	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC			
NAMI	PD		1.1 TITLE 1.2 NAMI	ſ		Ľ C	папде	Addition
STREET ADDRESS	TARREST ATT STORET OF THE SAR			ET ADDRESS				
CHY-SI-7IF	MIAMI FL 33015	_ 4	1.4 CITY					
TOTAL CO.	VPD DELETE		2.1 TITLE				hange	Addition
NAME.	SWIENCICKI, VICTORIA T		2.2 NAM					J
STREET ADDRESS	2141A S.W. 90TH AVE		2.3 STRE	et address				
City St Zie	FT. LAUDERDALE FL 33324		2 4 CITY					
HI'€	1	[_] DELETE	3 1 TITLE	ſ			hange	Addition
NAM!			3.2 NAMI					
STREET ADDRESS				ET ADDRESS				
City St Zie		DELETE	9.4. CITY 4.1 TITLS				hange	Addition
NAMI			4.2 NAM	i		-		
S1BELLADIDRESS				ET ADDRESS				1
0015 ST 701			4.4 CITY					
31'({		DELETE	5.1 TITLE				hange	☐ Addition
NAME	}		5.2 NAM					
STR-FT ALCHESS			5.3 STRE	ET ADDRESS				
CHY ST Z Y			5.4 C/TY	ST-ZIP		·····		
DI:F		☐ DELETE	6.1 TITLE				hange	☐ Addition
NAME			6.2 NAM					ļ
STREET ADDRESS	1		6.3 STRE	ET ADDRESS				1

14. I 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 included 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 13 if changed, grion an attachment with an address.

SIGNATURE:

VE SWEAKLE VIL TOTIS SWEAKLE VICE FILE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR VICE FILE

3/13/97 ENT Dale (954) 424-3177 Dayline Phone # 00087

FILED

Mar 18 1997 8:00am

Secretary of State