**FILE NOW: FILING FEE AFTER MAY 1 IS $225.00**

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

1995 MAY -1 PM 5:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-05/03/95--01118--008
****200.00 ****200.00

DO NOT WRITE IN THIS SPACE

DOCUMENT # **P94000093194 (6)**

1. Corporation Name

**COFFEE SPOT CAFE AND BAKERY I, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 8509 TOURMALINE BLVD<br>BOYNTON BEACH FL 33437 | 8509 TOURMALINE BLVD<br>BOYNTON BEACH FL 33437 |

3. Date Incorporated or Qualified: 12/23/1994

3a. Date of Last Report:

2. Principal Place of Business — 21

2a. Mailing Address — 26

4. FEI Number — ✓ Applied For / Not Applicable

Suite, Apt. #, etc. — 22 / 27

5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required

City & State — 23 / 28

6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees

Zip — 24 / Country — 25 / Zip — 29 / Country — 30

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

ALAN M. BURGER, P.A.
9990 SW 77 AVE
PENTHOUSE 5
MIAMI FL 33156

10. Name and Address of New Registered Agent

81 Name: MARK J. BURGER

82 Street Address (P.O. Box Number is Not Acceptable): 8509 Tourmaline Blvd.

83

84 City: Boynton Beach — FL — 85 Zip Code: 33437

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits the 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] 4-25-95
Signature of new registered agent and title if applicable — NOTE: Registered Agent signature required when executing — DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | D | 11 TITLE | ☐ Change ☐ Addition |
| NAME | BURGER, MARK | 12 NAME | |
| STREET ADDRESS | 8509 TOURMALINE BLVD | 13 STREET ADDRESS | |
| CITY ST ZIP | BOYNTON BEACH FL 33437 | 14 CITY ST ZIP | |
| TITLE | | 21 TITLE | ☐ Change ☐ Addition |
| NAME | | 22 NAME | |
| STREET ADDRESS | | 23 STREET ADDRESS | |
| CITY ST ZIP | | 24 CITY ST ZIP | |
| TITLE | | 31 TITLE | ☐ Change ☐ Addition |
| NAME | | 32 NAME | |
| STREET ADDRESS | | 33 STREET ADDRESS | |
| CITY ST ZIP | | 34 CITY ST ZIP | |
| TITLE | | 41 TITLE | ☐ Change ☐ Addition |
| NAME | | 42 NAME | |
| STREET ADDRESS | | 43 STREET ADDRESS | |
| CITY ST ZIP | | 44 CITY ST ZIP | |
| TITLE | | 51 TITLE | ☐ Change ☐ Addition |
| NAME | | 52 NAME | |
| STREET ADDRESS | | 53 STREET ADDRESS | |
| CITY ST ZIP | | 54 CITY ST ZIP | |
| TITLE | | 61 TITLE | ☐ Change ☐ Addition |
| NAME | | 62 NAME | |
| STREET ADDRESS | | 63 STREET ADDRESS | |
| CITY ST ZIP | | 64 CITY ST ZIP | SCC 5-1-95 |

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)(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 attachment with an address.

**SIGNATURE:** [signature] 4-25-95 407-640-9800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0002078 FP