

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

PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

1996 3-14-96

B-2227

C

DOCUMENT # P95000004775 (9)

1. Corporation Name

LEAN MEAN COFFEE BEAN CO., INC.

FILED

Mar 14 1996 8:00 am
Secretary of State



Principal Place of Business

8500 NW 79 STREET
TAMARAC FL 33321

Mailing Address

8500 NW 79 STREET
TAMARAC FL 33321

3. Date Incorporated or Qualified

01/17/1995

3a. Date of Last Report

2. Principal Place of Business

21 537 BRANDEN TOWN

2a. Mailing Address

26 1000 NW 1st AVE

4. FEI Number

59-3292356

Applied For

Not Applicable

22 Center Mall Road

27 Suite 20

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

23 Brandon FL

28 Boca Raton FL

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

24 33511

25 US

29 33432

30 US

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

MANSFIELD, GARY

8500 NW 79 STREET
TAMARAC FL 33321

1000 NW 1st AVE
Suite 20
Boca Raton FL 33432

81 Name

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

83

84 City

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 registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME MANSFIELD, MURIEL
STREET ADDRESS 8500 NW 79 STREET
CITY-ST-ZIP TAMARAC FL 33321 ☐ DELETE

TITLE D
NAME MANSFIELD, LAWRENCE
STREET ADDRESS 8500 NW 79 STREET
CITY-ST-ZIP TAMARAC FL 33321 ☐ DELETE

TITLE D
NAME MANSFIELD, STEPHEN
STREET ADDRESS 8500 NW 79 STREET
CITY-ST-ZIP TAMARAC FL 33321 ☐ DELETE

TITLE D
NAME MANSFIELD, GARY
STREET ADDRESS 8500 NW 79 STREET
CITY-ST-ZIP TAMARAC FL 33321 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

11 TITLE
12 NAME
13 STREET ADDRESS 1000 NW 1st AVE STE 20
14 CITY-ST-ZIP Boca Raton, FL 33432 ☒ Change ☐ Addition

21 TITLE
22 NAME
23 STREET ADDRESS 1000 NW 1st AVE STE 20
24 CITY-ST-ZIP Boca Raton FL 33432 ☒ Change ☐ Addition

31 TITLE
32 NAME
33 STREET ADDRESS same as above ☒ Change ☐ Addition

41 TITLE
42 NAME
43 STREET ADDRESS same as above ☒ Change ☐ Addition

51 TITLE
52 NAME
53 STREET ADDRESS ☐ Change ☐ Addition

61 TITLE
62 NAME
63 STREET ADDRESS ☐ 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)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)