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 # P95000031762 (4)

1. Corporation Name

COFFEE PERK, INC.

Principal Place of Business

2000 TOWN CENTER
SUITE 2400. ATTN. ROBERT SCHWARTZ
SOUTHFIELD MI 48075

Mailing Address

2000 TOWN CENTER
SUITE 2400. ATTN. ROBERT SCHWARTZ
SOUTHFIELD MI 48075

3. Date Incorporated or Qualified: 04/24/1995
3a. Date of Last Report: N/A
4. FEI Number: ~~38-3249726~~ 38-3249726 ☐ 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

2. Principal Place of Business
21 8903 Glades Rd., J1
Suite, Apt. #, etc
22
City & State
23 Boca Raton, FLA
Zip 24 33434 Country 25 USA

2a. Mailing Address
26 8903 Glades Rd., J1
Suite, Apt. #, etc.
27
City & State
28 Boca Raton, FLA
Zip 29 33434 Country 30 USA

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name: Barry Greenberg
82 Street Address (P.O. Box Number is Not Acceptable): 3398 N.W. 53RD Circle
83
84 City: Boca Raton FL 85 Zip Code: 33496

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 X [signature] DATE X 4/26/96

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	GREENBERG, BARRY	
STREET ADDRESS	3398 N.W. 53RD CIRCLE	
CITY-ST-ZIP	BOCA RATON FL 33496	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/D	☒ Change ☐ Addition
1.2 NAME	Greenberg, Barry	
1.3 STREET ADDRESS	3398 N.W. 53RD Circle	
1.4 CITY-ST-ZIP	Boca Raton, FL 33496	
2.1 TITLE	V/D	☐ Change ☒ Addition
2.2 NAME	Greenberg, Cheryl D.	
2.3 STREET ADDRESS	3398 N.W. 53RD Circle	
2.4 CITY-ST-ZIP	Boca Raton, FL 33496	
3.1 TITLE	T/D	☐ Change ☒ Addition
3.2 NAME	Seeley, Robert	
3.3 STREET ADDRESS	6817 Coral Reef St.	
3.4 CITY-ST-ZIP	Lakeworth, FL 33467	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	100001822541 -05/15/96--01053--033 ***200.00	☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	5/1/96	☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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)(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: X [signature] 4/26/96 (407) 477-5220

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — BARRY GREENBERG — Date — Daytime Phone #