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Jan 24 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000034798 (5)

1. Corporation Name

THE ROASTED PEPPER, INC.



Principal Place of Business
9893 PINES BOULEVARD
PEMBROKE PINES FL 33024

Mailing Address
9893 PINES BOULEVARD
PEMBROKE PINES FL 33024-6164

3. Date Incorporated or Qualified
05/04/1995

3a. Date of Last Report
03/29/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KULHANJIAN, JOHN II
9893 PINES BOULEVARD
PEMBROKE PINES FL 33024

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 fee, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	KULHANJIAN, JOHN II	
STREET ADDRESS	9893 PINES BOULEVARD	
CITY - ST - ZIP	PEMBROKE PINES FL 33024	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	KULHANJIAN, ARA	
STREET ADDRESS	9893 PINES BOULEVARD	
CITY - ST - ZIP	PEMBROKE PINES FL 33024	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	DIPIAZZA, ANGELO	
STREET ADDRESS	9893 PINES BOULEVARD	
CITY - ST - ZIP	PEMBROKE PINES FL 33024	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	KEVORKIAN, JOHNNY Y	
STREET ADDRESS	9893 PINES BOULEVARD	
CITY - ST - ZIP	PEMBROKE PINES FL 33024	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	CASIGLIONE, FRANK	
STREET ADDRESS	9893 PINES BOULEVARD	
CITY - ST - ZIP	PEMBROKE PINES FL 33024	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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 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

1/16/97 9544508800
Date Daytime Phone #

CR2E034 (9/96)