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 # **P95000048310 (3)**

1. Corporation Name

COOL BEANS COFFEE HOUSE, INC.

Principal Place of Business	Mailing Address
50 E CENTRAL BLVD ORLANDO FL 32801	50 E CENTRAL BLVD ORLANDO FL 32801

3. Date Incorporated or Qualified: 06/20/1995
3a. Date of Last Report: N/A

2. Principal Place of Business	21	50 E. CENTRAL BLVD	
Suite, Apt. #, etc.	22	E	
City & State	23	ORLANDO, FL	
Zip	24	32801	
Country	25	ORANGE	
2a. Mailing Address	26	50 E. CENTRAL BLVD	
Suite, Apt. #, etc.	27	E	
City & State	28	ORLANDO, FL	
Zip	29	32801	
Country	30	ORANGE	

4. FEI Number: 59-3344930 ☐ 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

9. Name and Address of Current Registered Agent

VINDAS, CHARLOTTE
436 SOUTH CRYSTAL LAKE DRIVE
ORLANDO FL 32803

10. Name and Address of New Registered Agent

81 Name: CHARLOTTE VINDAS
82 Street Address (P.O. Box Number is Not Acceptable): 14239 LORD BARCLAY DR.
83
84 City: ORLANDO FL 85 Zip Code: 32837

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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: Charlotte Vindas CHARLOTTE VINDAS PRESIDENT DATE: 3/31/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President / TREASURER	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	CHARLOTTE VINDAS		1.2 NAME	
STREET ADDRESS	14239 LORD BARCLAY DR.		1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FLORIDA 32837		1.4 CITY-ST-ZIP	
TITLE	VICE-PRESIDENT / SECRETARY	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	TODD K. FOX		2.2 NAME	
STREET ADDRESS	5008 E. MARYLAND PL.		2.3 STREET ADDRESS	
CITY-ST-ZIP	CASSELBERRY, FLORIDA 32707		2.4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	100001784941 -04/18/96--01010--039 ***200.00
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			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)(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: Charlotte Vindas - President 3/31/96 (407) 481-2665
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

96-4-16-00