

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Jun 02 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000052781 (8)**

1. Corporation Name

JUMPING JAVA COFFEE, INC.

Principal Place of Business

**275 EAST OAKLAND PARK BLVD.
FT. LAUDERDALE FL 33334**

Mailing Address

**275 EAST OAKLAND PARK BLVD.
FT. LAUDERDALE FL 33334**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/10/1995

4. FEI Number

65-0592484

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 1734 AVENIDA DEL SOL

Suite, Apt. #, etc.

2a. Mailing Address

26 1734 AVENIDA DEL SOL

Suite, Apt. #, etc.

City & State

23 BOCA RATON

City & State

28 BOCA RATON

Zip

24 33432

Country

25 U.S.

Zip

29 33432

Country

30 U.S.

9. Name and Address of Current Registered Agent

**BLOCK, MICHAEL
275 E. OAKLAND PARK BLVD.
FT. LAUDERDALE FL**

10. Name and Address of New Registered Agent

81 Name MITCHELL BERMAN
82 Street Address P.O. Box Number is Not Acceptable 1734 AVENIDA DEL SOL
83
84 City BOCA RATON FL 85 Zip Code 33432

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

Mitchell Berman

(NOTE: Registered Agent signature required when reinstating)

DATE

MITCHELL BERMAN 5/17/98

12. OFFICERS AND DIRECTORS

☐ DELETE

**TITLE PSTD
NAME BERMAN, MITCHELL
STREET ADDRESS 9867 THREE LAKES CIRCLE
CITY-ST-ZIP BOCA RATON FL 33428**

☒ DELETE

**TITLE D
NAME YABLON, HAL
STREET ADDRESS 11990 SW 51 STREET
CITY-ST-ZIP COOPER CITY FL 33330**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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: *Mitchell Berman* **MITCHELL BERMAN 5/17/98 561-391-9363**

CR2E034 (10/97)