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

**PROFIT** CORPORATION **ANNUAL REPORT** 

TITLE

NAME

STREET ADDRESS



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## 1997 DOCUMENT # P95000076507 (9)

THE HOASTED BEAN CAFE, INC.  Principal Place of Business Mailing Address 21202 ST ANDREWS BLVD BOCA RATON FL 33434 US  US								
					<ol> <li>Date Incorporated or Qualif</li> <li>09/29/1995</li> </ol>		ate of Last R <b>/01/1996</b>	eport
2. Principal Place of Business 2a. 21 26			2a. Mailing Address		4. FEI Number 65-0627223		<del></del>	oplied For of Applicable
Suițe, Apt. #, etc.		<del>                                     </del>	Suite, Apt. #, etc.		5. Certificate of Status Desired	, 🗆	\$8.75 A	
City & State	9	City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip 24				У	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No			
g. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent			
BLO	CH, STUART E		Į B·	Name				ł
2800 N. MILITARY TRAIL			8:		ddress (P.O. Box Number is Not Acce	eptable)		
FOURTH FLOOR BOCA RATON FL 33431			8:		64mis - 980 N.A		High was	4
BOOK RATON FL 33431			Ĺ		Suite 20	2.	<del></del>	
			8	1 3	oca Raton	FL	୍   ଅନ୍ତ	Code 5432.
11. Pursuant	to the provisions of Section	ons 607,0502 and 607,1508, Florida	Statutes, the abo	ve-named c	corporation submits this statement for oration's board of directors. I hereby a	the purpose o	of changing it	s registered
agent. I a	m farting with, and acce	of the obligations of, Section 607.0	505, Florida Statut	os.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ula	62	
SIGNATURE	Signature, typed or printed name of	of registered agent and title if applicable	(NOTE: Registered A	gent signature re	equired when reinstaling)	DATE	<del>77</del> /	
12,		FICERS AND DIRECTORS	13.		ADDITIONS/CHANGES TO C	FFICERS AN		IS IN 12
TATLE							Change	Addition
NAME	••••		1.2 NAME					
STREET ADDRESS	BOCA RATON FL			1 ADDRESS				
CITY-ST-ZIP Title	VPS	DEL DEL	1.4 CITY- ETE 2.1 TITLE	ST-ZIP			Change	Addition
NAME .	JACOB SHASHA			.			La Ontange	E-1 Modifier
STREET ADDRESS	AAAAA AAAAA AAAAAAA AAAAAAAAAAAAAAAAAA			T ADDRESS				ľ
CITY-ST-ZIP	DOOL DITON EL			- SI - ZIP				
TITLE		☐ DEL	ETE 3.1 TITLE				Change	Addition
NAME			3.2 NAME					
STREET ADDRESS			3.3 STRE	ET ADDRESS				İ
CITY-ST-ZIP		Поп	3.4. CITY				0	1.440
TITLE		☐ DEL	1	- 1			Change	Addition
NAME CTOTET ADDRESS			4. 2 NAM					
STREET ADDRESS CITY-ST-ZIP			4.3 STREE	ET ADDRESS				
TITLE		DEL		31-5IF			Change	Addition
NAME		<del></del>	5.2 NAME				·	
STREET ADDRESS				ET ADDRESS				
CITY-ST-ZIP			5.4 CITY-	S1-ZIP				ļ

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.

6.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

☐ DELETE

PRES, WISLAT

**FILED** 

Apr 28 1997 8:00am

Secretary of State