

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P95000095096 (0)  
1. Corporation Name

BREWED AWAKENINGS GOURMET COFFEE SHOP, INC.

Principal Place of Business

Mailing Address

1103 S.W. 42ND STREET  
CAPE CORAL FL 33914

1103 S.W. 42ND STREET  
CAPE CORAL FL 33914



3. Date Incorporated or Qualified

3a. Date of Last Report

12/15/1995

4. FEI Number

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

2a. Mailing Address

21 Suite, Apt #, etc.

26 Suite, Apt #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COHEN, MICHAEL  
1103 S.W. 42ND STREET  
CAPE CORAL FL 33914

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 the corporation)

(NOTE: Registered Agent's signature required when reinstating.)

(Date)

4/12/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

11 TITLE

☐ Change ☐ Addition

NAME  
COHEN, MICHAEL  
STREET ADDRESS  
1103 S.W. 42ND STREET  
CITY - ST - ZIP  
CAPE CORAL FL 33914

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

TITLE ☐ DELETE

21 TITLE

☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY - ST - ZIP

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

TITLE ☐ DELETE

31 TITLE

☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY - ST - ZIP

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

TITLE ☐ DELETE

41 TITLE

☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY - ST - ZIP

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

TITLE ☐ DELETE

51 TITLE

☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY - ST - ZIP

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

TITLE ☐ DELETE

61 TITLE

☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY - ST - ZIP

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

600001893688  
-07/16/96--01002--042  
\*\*\*225.00

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 617, 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

Date

Original Filing

6-13-96 (94) 945-4244

CR2E034 (3/96)