


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

10f2

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000095096 (0)**

1. Corporation Name

**BREWED AWAKENINGS GOURMET COFFEE SHOP, INC.**

Principal Place of Business

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

Mailing Address

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

**FILED**

97 JUL 25 PM 3:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>12/15/1995</b>	3a. Date of Last Report <b>07/15/1996</b>
4. FEI Number <b>65-0627854</b>	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ DELETE

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

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ 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 REQUIRED

7-29-97

CR2E034 (4/97)

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BREWED AWAKENINGS GOURMET COFFEE SHOP, INC.

C/O           MICHAEL COHEN  
1103 S.W. 42nd STREET  
CAPE CORAL, FLORIDA 33914  
(941) 945-4244

ANNUAL REPORTS FILING  
DIVISION OF CORPORATIONS  
P.O. BOX 6327  
TALLAHASSEE, FLORIDA 32314

JULY 23, 1997

RE: FEI # 65-0627854

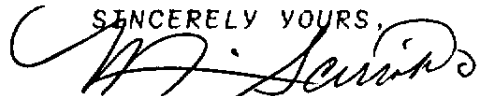
TO WHOM THIS MAY CONCERN:

ENCLOSED PLEASE FIND CHECK NUMBER 628 FOR CORPORATE FILING FEE  
FOR THE AMOUNT OF \$165.00.

THE FIRST NOTICE WAS NEVER RECEIVED. THIS IS A NEW BUSINESS OF  
ONE YEAR AND WE WERE NOT MADE AWARE OF THE ANNUAL REPORT  
FILING DATE UNTIL SECOND NOTICE.

PLEASE ACCEPT OUR APOLOGY. IF YOU HAVE ANY QUESTIONS OR  
CONCERNS PLEASE CALL OR WRITE . THANK YOU FOR YOUR TIME.

SINCERELY YOURS,

  
MARIAN SCIRROTTO  
OFFICE MANAGER

MS/MC

CC: FILE