

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

FILED
Mar 21 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P96000048016 (5)
 Corporation Name
THE COFFEE SHACK CO.



Principal Place of Business: **5666 ASPEN RIDGE CIRCLE DELRAY BEACH FL 33484**

Mailing Address: **5666 ASPEN RIDGE CIRCLE DELRAY BEACH FL 33484-2584**

2. Principal Place of Business:

21. **2776 Cleveland**
 State, Apt. #, etc.

22. **City & State**
Ft. Myers, FL

23. **33901** Zip; **Country**

24. **33901** Zip; **Country**

25. **25** Country

26. **3695 Winkler Ave**
 Suite, Apt. #, etc.

27. *** 715**
 City & State

28. **Ft Myers, FL**
 Zip; Country

29. **33916** Zip; **Country**

30. **Country**

3. Date Incorporated or Qualified: **05/30/1996**

3a. Date of Last Report

4. FEI Number: **65-0693594**

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

10. Name and Address of New Registered Agent

11. Name and Address of Current Registered Agent
LEVIN, DAVID H
5666 ASPEN RIDGE CIRCLE
DELRAY BEACH FL 33484

81. Name: **Levin, David H**

82. Street Address (P.O. Box Number is Not Acceptable): **3695 Winkler Ave.**

83. *** 715**

84. City: **Ft Myers** **FL** 85. Zip Code: **33916**

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 (NOTE: Registered Agent signature required when registering) DATE

12. OFFICERS AND DIRECTORS

TITLE	PS	<input type="checkbox"/> DELETE
NAME	LEVIN, DAVID H	
STREET ADDRESS	5666 ASPEN RIDGE CIRCLE	
CITY-ST-ZIP	DELRAY BEACH FL 33484	
TITLE	V	<input type="checkbox"/> DELETE
NAME	LEVIN, ROBERT W	
STREET ADDRESS	5666 ASPEN RIDGE CIRCLE	
CITY-ST-ZIP	DELRAY BEACH FL 33484	
TITLE	T	<input type="checkbox"/> DELETE
NAME	LEVIN, PAULA R	
STREET ADDRESS	5666 ASPEN RIDGE CIRCLE	
CITY-ST-ZIP	DELRAY BEACH FL 33484	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

3. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Levin, David H	
1.3 STREET ADDRESS	3695 Winkler Ave #715	
1.4 CITY-ST-ZIP	Ft Myers FL 33916	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 in an attachment with an address.

SIGNATURE: *David H. Levin* **3/17/97** **(941) 334-5191**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Overtime Phone #

CR2E034 (9/96)