

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

FILED

Apr 24 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # P96000055158 (5)**

1. Corporation Name  
**KEY WEST COFFEE BEANERY, INC.**

Principal Place of Business <b>424 FRONT STREET 4</b> <b>KEY WEST FL 33040</b>	Mailing Address <b>424 FRONT STREET</b> <b>KEY WEST FL 33040-6617</b>
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2. Principal Place of Business 21 <b>420 FRONT ST.</b>		2a. Mailing Address 26 <b>420 FRONT ST.</b>		3. Date Incorporated or Qualified <b>06/28/1996</b>	3a. Date of Last Report
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number <b>65-0680948</b>	Applied For <input type="checkbox"/> Not Applicable
23 City & State <b>KEY WEST, FL</b>		28 City & State <b>KEY WEST, FL</b>		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
24 Zip <b>33040</b>	25 Country <b>MONROE</b>	29 Zip <b>33040</b>	30 Country <b>MONROE</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
9. Name and Address of Current Registered Agent <b>KRUER, WAYNE</b> <b>525 CAROLINE ST</b> <b>KEY WEST FL 33040</b>				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

10. Name and Address of New Registered Agent 81 Name <b>KENT GUSTAFSON</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>1409 REYNOLDS ST</b> 83 84 City <b>KEY WEST, FL</b> 85 Zip Code <b>33040</b>	
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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 *Kent Gustafson* DATE **4-17-97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GUSTAFSON, KENT</b>	1.2 NAME	<b>GUSTAFSON, KENT</b>
STREET ADDRESS	<b>2335 CREEKVIEW DR</b>	1.3 STREET ADDRESS	<b>1409 REYNOLDS ST.</b>
CITY - ST - ZIP	<b>AUGUSTA GA 30907</b>	1.4 CITY - ST - ZIP	<b>KEY WEST, FL 33040</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GUSTAFSON, REBECCA</b>	2.2 NAME	<b>GUSTAFSON, REBECCA</b>
STREET ADDRESS	<b>2335 CREEKVIEW DR</b>	2.3 STREET ADDRESS	<b>1409 REYNOLDS ST.</b>
CITY - ST - ZIP	<b>AUGUSTA GA 30907</b>	2.4 CITY - ST - ZIP	<b>KEY WEST, FL 33040</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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: *Kent Gustafson* / **KENT GUSTAFSON** DATE: **4-17-97** 305-293-7662

CR2E034 (9/96)