03-08-1999 90107 043 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT

 Corporation 	EEZE COFFEE & TEA, INC.					r ·				
Principal Place	of Business	Mailing Address					t indelinks con succes messes	1011(8911) V8(\$) VB(I	# #file fless evere	18111 4 184 1861
2307 63RD AVE SUITE E BRADENTON FL	NUE EAST	P.O. BOX 20442 BRADENTON FL 34204			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed					
							07/24/1996	alifeo		
2 Principal Pl	ace of Business	2a. Mailing Address					FEI Number		Ap	olied For
21 7 THICIPALL	ace of business	26				65-0696732		No	Applicable	
Suite, Apt.	#. etc.	Suite, Apt. #, etc.							\$8.75 A	dditional
22	., 0.0.	27			5.	Certificate of Status Desi	red ∐	Fee Re	quired	
City & State	9	City & State				6	Election Campaign Finar	ncina —	\$5.00	May Be
23		28				•	Trust Fund Contribution		Added to	
Zip	Country Zip			Country			This corporation owes th	e current year l	ntangible	
24	25	29	30			"	Personal Property Tax.	•		□No
24	9. Name and Address of Curre					10.	Name and Address of	New Registere	d Agent	
				81	Name					
MYERS, JOHN H				82	Ctroot A	ddroon (D	O. Box Number is Not A	ccentable)		
2831 RINGLING BLVD.				02	Street At	uress (P	.O. DOX NUMBER IS NOT A	cceptable)		
B-107				83						
SAR	ASOTA FL 34237							*****		
				84	City			F	L 85 Zip C	.ode
office or re	to the provisions of Sections 607.056 egistered agent, or both, in the State m familiar with, and accept the obligi	of Florida. Such change was au ations of, Section 607.0505, Flori	tnorize da Stat	ดองเ	-named co	orporation ation's bo	submits this statement f ard of directors. I hereby	or the purpose of	of changing its	registered gistered
SIGNATURE	a haddy	2.8.0		_1_	100	KSA	STAP	1124 17	```	}
	Signature, typed or printed name of registered age	ent and title if applicable (NOTE: ND DIRECTORS	13.	d Agent	signature req		ADDITIONS/CHANGES	O OFFICERS	AND DIRECTO	RS IN 12
TITLE	p OFFICERS AI	DELETE		ITLE			ADDITIOI TO TO THE TOTAL OF THE	<u> </u>	Change	Addition
NAME	KOPSTAD, SUSAN	-		IAME						_
	4608 SWORDFISH DR				ADDRESS					
STREET ADDRESS	BRADENTON FL 34208			ITY-ST						
CITY-ST-ZIP	CEO			ITLE	· ZIF				Change	☐ Addition
	KOPSTAD, TODD	C BELLIC	2.2 NAM				ه څخهاک میکال بارکی استان د	****		···-T
NAME	4608 SWORDFISH DR		2.3 STR		ADDRESS					j
STREET ADDRESS	BRADENTON FL 34208									
CITY-ST-ZIP	DRADENTUN FL 34200	□ DELETE	2.4 CITY-1		1-219				☐ Change	Addition
TITLE			1							
NAME				3.2 NAME 3.3 STREET ADORESS						ļ
STREET ADDRESS			1		- 1					.
CITY-ST-ZIP		☐ DELETE	_	CITY-ST	r-ziP				[] Change	Addition
TITLE		[] DELETE		ITLE	-					
NAME			1	VAME						
STREET ADDRESS			4.3 S	TREET	ADORESS					

CITY-ST-ZIP 14. I 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, with all other like empowered.

4.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

64 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

☐ DELETE

□ DELETE

. Change

☐ Change

Addition

Addition