

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P96000068114 (3)

1. Corporation Name

JAVA JAKE'S COFFEE COMPANY, INC.

Principal Place of Business

8725 NE 163RD ST.  
N. MIAMI BEACH FL 33160

Mailing Address

3725 NE 163RD ST.  
N. MIAMI BEACH FL 33160-4104

2. Principal Place of Business

21 P.O. BOX 820483  
Suite, Apt. #, etc.

22 City & State  
23 SOUTH FLORIDA FL

24 Zip 33082-0483 25 Country USA

2a. Mailing Address

26 P.O. BOX 820483  
Suite, Apt. #, etc.

27 City & State  
28 SOUTH FLORIDA FL

29 Zip 33082 30 Country USA

9. Name and Address of Current Registered Agent

ADDLESTONE, GAIL  
3725 NE 163RD ST.  
N. MIAMI BEACH FL 33160

3. Date Incorporated or Qualified

08/12/1996

3a. Date of Last Report

4. FEI Number

65-0696888

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

10. Name and Address of New Registered Agent

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3 15723 NW 10 ST

B4 City Aventura FL

B5 Zip Code 33018

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's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DPT  
NAME JACOBS, ADAM T  
STREET ADDRESS P. O. BOX 820483 N/A  
CITY-ST-ZIP SOUTH FLORIDA FL 33082-0483

DELETE

TITLE DS  
NAME ADDLESTONE, GAIL  
STREET ADDRESS P. O. BOX 820483 N/A  
CITY-ST-ZIP SOUTH FLORIDA FL 33082-0483

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

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

*[Handwritten signatures and dates]*  
5/1/97 (654) 478-7220

FILED  
May 13 1997 8:00am  
Secretary of State



CR2E034 (9/96)