

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

FILED  
Apr 14 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000071341 (7)**

1. Corporation Name

**GOURMET CUP JAVA HUT, INC.**

Principal Place of Business

**2203 DUMBARTON WAY  
VALRICO FL 33594**

Mailing Address

**2606 DURANT OAKS DRIVE  
2203 DUMBARTON WAY  
VALRICO FL 33594-4118**



2. Principal Place of Business <b>INTERNET</b>		2a. Mailing Address <b>2606 DURANT OAKS DR</b>		3. Date Incorporated or Qualified <b>08/27/1996</b>	3a. Date of Last Report <b>08/27/1996</b>
21. <b>408 SANDRA LANE</b>	26. <b>[REDACTED]</b>	27. <b>[REDACTED]</b>		4. FEI Number <b>59-3396528</b>	Applied For <input checked="" type="checkbox"/> Not Applicable
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	28. <b>VALRICO, FL</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23. <b>BELTON, MD</b>	28. <b>[REDACTED]</b>	29. <b>33594</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24. <b>64012</b>	25. <b>USA</b>	29. <b>33594</b>	30. <b>USA</b>	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**AMERILAWYER CHARTERED  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	<b>FL</b>

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, type or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b>	1.1 TITLE	<b>PD</b>
NAME	<b>RAYFIELD, BENJAMIN S</b>	1.2 NAME	<b>RAYFIELD, BENJAMIN S</b>
STREET ADDRESS	<b>2203 DUMBARTON WAY</b>	1.3 STREET ADDRESS	<b>2606 DURANT OAKS DRIVE</b>
CITY-ST-ZIP	<b>VALRICO FL 33594</b>	1.4 CITY-ST-ZIP	<b>VALRICO, FL 33594</b>
TITLE	<b>VD</b>	2.1 TITLE	<b>VD</b>
NAME	<b>HYMAN, MICHAEL</b>	2.2 NAME	<b>HYMAN, MICHAEL</b>
STREET ADDRESS	<b>2203 DUMBARTON WAY</b>	2.3 STREET ADDRESS	<b>408 SANDRA LANE</b>
CITY-ST-ZIP	<b>VALRICO FL 33594</b>	2.4 CITY-ST-ZIP	<b>BELTON, MD 64012</b>
TITLE	<b>SD</b>	3.1 TITLE	<b>SD</b>
NAME	<b>RAYFIELD, THOMAS M</b>	3.2 NAME	<b>RAYFIELD THOMAS M</b>
STREET ADDRESS	<b>2203 DUMBARTON WAY</b>	3.3 STREET ADDRESS	<b>408 SANDRA LANE</b>
CITY-ST-ZIP	<b>VALRICO FL 33594</b>	3.4 CITY-ST-ZIP	<b>BELTON, MD 64012</b>
TITLE	<b>TD</b>	4.1 TITLE	<b>TD</b>
NAME	<b>RAYFIELD, CHRISTOPHER M</b>	4.2 NAME	<b>RAYFIELD, CHRISTOPHER M</b>
STREET ADDRESS	<b>2203 DUMBARTON WAY</b>	4.3 STREET ADDRESS	<b>2606 DURANT OAKS DRIVE</b>
CITY-ST-ZIP	<b>VALRICO FL 33594</b>	4.4 CITY-ST-ZIP	<b>VALRICO, FL 33594</b>
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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:

**THOMAS M RAYFIELD**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-31-97**  
Date

**816-331-7217**  
Daytime Phone

CR2E034 (9/96)