

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

FILED

97 JUL -7 PM 2:09

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



DOCUMENT # P96000085158 (9)
 1. Corporation Name
COFFEE TALK CAFE, INC.

Principal Place of Business: **1614 COLE ROAD ORLANDO FL 32803**
 Mailing Address: **1614 COLE ROAD ORLANDO FL 32803-2148**

3. Date Incorporated or Qualified: **10/10/1996**
 3a. Date of Last Report

2. Principal Place of Business
 21 **2438-B East Robinson St.**
 Suite, Apt. #, etc.

4. FEI Number: **59-3433840**
 Applied For: Not Applicable

2a. Mailing Address
 26 **2438-B East Robinson St.**
 Suite, Apt. #, etc.

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

23 **Orlando, FL**
 City & State

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

24 **32803** 25 **USA**
 Zip Country

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

28 **Orlando, FL**
 City & State

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 85 Zip Code

9. Name and Address of Current Registered Agent
**STEVENS, RICHARD N
 1614 COLE ROAD
 ORLANDO FL 32803**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	STEVENS, RICHARD N	
STREET ADDRESS	1614 COLE ROAD	
CITY-ST-ZIP	ORLANDO FL 32803	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Brent Osterder	
2.3 STREET ADDRESS	1614 Cole Road	
2.4 CITY-ST-ZIP	Orlando, FL 32803	
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		

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******165.00 ****165.00**

[Signature]

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: *[Signature]* **REQUIRE D** **u/26/97** **(407)896-8481**

CR2E034 (9/96)