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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P97 00003500

FILED 99 AUG 30 AM 8: 09

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| Patrick Wayne D                                  | Entravises, Inc.                                   |                              |  |                |
|--|--|------------------------------|--|----------------|
| Principal Place of Business                      | Mailing Address<br>1450 N. Court<br>Morritt Island | tnay Phwy. 🗪                 | Suite # 11   |                |
|  | Wasitt Tehnd                                       | FL TIDET                     | DO NOT WRITE IN THIS SPACE   |                |
| 1 1 2 6  |  | 1- 22122                     | 3. Date Incorporated or Qualifed   |                |
| Ground Zero Coffee                               | Pub  |                              | <u> </u>   |                |
| 2. Principal Place of Business                   | 2a. Mailing Address                                |                              | 4. FEI Number  | Applied For    |
| 21   | 26   |                              | 59-240000  | Not Applicable |
| Suite, Apt. #, etc.                              | Suite, Apt. #, etc.                                |                              | E Cadifosta of Status Docirod  | 5 Additional   |
| 22   | 27   |                              |  | Required       |
| City & State                                     | City & State                                       |                              | 11   | 00 May Be      |
| 23 Country                                       | Zip  | Country                      |  | ed to Fees     |
| Zip Country                                      | — · · · ·  | 30                           | 8. This corporation owes the current year Intangible Personal Property Tax.  ☐ Yes | □No            |
| 24 25 S Name and Address 6                       | of Current Registered Agent                        | 30]                          | 10. Name and Address of New Registered Agent                                       |                |
|  |  | 81 Name                      | <i>1</i> .   |                |
| Michael P. Larocgo                               | ye   |                              | Steven laiclet   |                |
|  |  | 82 Street                    | Address (P.O. Box Number is Not Acceptable)  |                |
| 846 A Faull Dr.                                  |  | 83                           |  |                |
| Rockladge FL 329                                 | 244  |                              | Kockledge, FL  |                |
| ROCKIBUYE PL 32                                  | , , , ,  | 84 City                      | FL  85  2  | ip Code        |
| 14. Durawant to the provisions of Sections       | 607 0502 and 607 1508 Florida Statute              | s the shove-named            | corporation submits this statement for the purpose of changing                     | its registered |
| office or registered agent, or both, in t        | the State of Florida, Such change was au           | monzeo by the corpo          | oration's board of directors. I hereby accept the appointment as                   | registered     |
| agent. I am familiar with, and accept t          | the obligations of Section 607.0505, Flori         | da Statutes.                 | -/2//00  |                |
| SIGNATURE Signature, typed or printed name of re | windows and life if and table (NOTE:               | Registered Agent signature n | powined when reinstation) DATE   |                |
|  | CERS AND DIRECTORS                                 | 13.                          | ADDITIONS/CHANGES TO OFFICERS AND DIREC  | CTORS IN 12    |
|  |  | 1.1 TITLE                    | President Chan   | ge 🖸 Addition  |
| NAME Secretary Michael P. La                     | to dile  | 1.2 NAME                     | Steven Taillet   |                |
| STREET ADDRESS PAL FA                            | 102900   | 1.3 STREET ADDRESS           | RH A Early Dr.   |                |
| CITY-ST-ZIP DOCKLEADE ST                         | 77966  | 1.4 C/TY-ST-Z/P              | Rockladge FL 32955   |                |
| TITLE KOCKI CAYE FL                              | ☐ DELETE   | 2.1 TITLE                    | □ Chan   | ge Addition    |
| NAME   |  | 2.2 NAME                     |  |                |
| STREET ADDRESS                                   |  | 2.3 STREET ADDRESS           |  |                |
| CITY-ST-ZIP                                      |  | 2.4 CITY-ST-ZIP              |  |                |
| TITLE  | ☐ DELETE   | 3.1 TITLE                    | ☐ Chan   | ge Addition    |
| NAME   |  | 3.2 NAME                     | 40000297879<br>-09/03/990109   | !4 <u>_</u> _8 |
| STREET ADDRESS                                   | ·  | 3.3 STREET ADDRESS           | -09/03/990109  | 1017           |
| CITY-\$1-ZIP                                     |  | 3.4. CITY-ST-ZIP             | *****61.25 ***   | ***61.25       |
| TITLE  | ☐ DELETE   | 4.1 TITLE                    | ☐ Chan   | ge Addition    |
| NAME   |  | 4. 2 NAME                    |  |                |
| STREET ADDRESS                                   |  | 4.3 STREET ADDRESS           |  |                |
| CITY-ST-ZIP                                      |  | 4.4 CITY-ST-ZIP              |  |                |
| TITLE  | ☐ DELETE   | 5.1 TITLE                    | ☐ Chan   | ge 🗀 Addition  |
| NAME   |  | 52 NAME                      |  |                |
| STREET ADORESS                                   |  | 5.3 STREET ADDRESS           |  |                |
| CITY-ST-ZIP                                      |  | 5.4 CITY-ST-ZIP              |  |                |
| TITLE  | ☐ DELETE   | 6.1 TITLE                    | [] Char  | ge Addition    |
| NAME   |  | 62 NAME                      |  |                |
| STREET ADORESS                                   |  | 6.3 STREET ADDRESS           |  | VE             |
|  |  | 8.4 CITY. ST. 710            |  | <b>N</b>       |

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.

SIGNATURE:

HAVE TAULTH STEVEN BY THE OF PRINTED HOME OF SIGNING OFFICER OR DI

8/25/99 (407)453-2577

CR2E034 (11/98)