

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

FILED
May 22 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997 1998



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

DOCUMENT # P 97000032278
1. Corporation Name
Coral Reef Coffee Company of Key West, Inc.

Principal Place of Business: 430 Greene Street, Key West, FL 33040
Mailing Address: 430 Greene Street, Key West, FL 33040

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21. Suite, Apt #, etc.	26. Suite, Apt #, etc.	4/4/97	N/A
22. City & State	27. City & State	4. FEI Number	Applied For
23. Zip	28. Zip	65-0795537	Not Applicable
24. Country	29. Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
25. Country	30. Country	<input type="checkbox"/>	\$5.00 May Be Added to Fees
		6. Election Campaign Financing	<input type="checkbox"/>
		Trust Fund Contribution	<input type="checkbox"/>
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
MILLS, PAUL S. CPA 3709 DONALD AVENUE KEY WEST FL 33040		81. Name: Paul S. Mills, CPA 82. Street Address (P.O. Box Number is Not Acceptable): 601 Duval Street, Suite 4 83. 84. City: Key West FL 85. Zip Code: 33040	

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: Paul S. Mills, C.P.A. DATE: 4/30/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President/Secretary	11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Robert Moore	12. NAME	
STREET ADDRESS	430 Greene Street	13. STREET ADDRESS	
CITY-ST-ZIP	Key West, FL 33040	14. CITY-ST-ZIP	
TITLE	Vice President/Treasurer	21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Paul Wolfe	22. NAME	
STREET ADDRESS	430 Greene Street	23. STREET ADDRESS	
CITY-ST-ZIP	Key West, FL 33040	24. CITY-ST-ZIP	
TITLE		31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32. NAME	
STREET ADDRESS		33. STREET ADDRESS	
CITY-ST-ZIP		34. CITY-ST-ZIP	
TITLE		41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42. NAME	
STREET ADDRESS		43. STREET ADDRESS	
CITY-ST-ZIP		44. CITY-ST-ZIP	
TITLE		51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY-ST-ZIP		54. CITY-ST-ZIP	
TITLE		61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY-ST-ZIP		64. CITY-ST-ZIP	

I further certify that the information applicable in this filing does not qualify for the exemption stated in Section 119.07(3)(j), Florida Statutes. I further certify that the information included in 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, partnership, trust or trustor empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of this report or in an attachment with an address.

SIGNATURE: Robert Moore DATE: 4/30/98 (305) 296-5283