


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

035607

FILED
Mar 17, 1999 8:00 am
Secretary of State

03-17-1999 90046 008 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000065774

1. Corporation Name

PALM BEACH GOURMET COFFEE EXPRESS, INC.

Principal Place of Business

Mailing Address

7518 BRIAR CLIFF CIRCLE
LAKE WORTH FL 33467

7518 BRIAR CLIFF CIRCLE
LAKE WORTH FL 33467

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/30/1997

4. FEI Number

65-0770967

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 **490 S.E. 10th Ave**

26 **490 S.E. 10th Ave**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **Pompano Beach FL**

27 **Pompano Beach FL**

City & State

City & State

23 **33060**

28 **33060**

Zip

Country

Zip

Country

24 **FL**

25 **Beach**

29 **FL**

30 **Beach**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

81 Name

Angela Michelle Boyd

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

490 S.E. 10th Ave

83

84 City

Pompano Beach

FL

85 Zip Code

33060

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

Angela Michelle Boyd

(NOTE: Registered Agent signature required when reinstating)

DATE

3-3-99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PTD** ☒ DELETE
NAME **FELICE, ROBERT F**
STREET ADDRESS **7518 BRIAR CLIFF CIRCLE**
CITY-ST-ZIP **LAKE WORTH FL 33467**

TITLE **SVD** ☒ DELETE
NAME **RIVERS, MICHAEL S**
STREET ADDRESS **7518 BRIAR CLIFF CIRCLE**
CITY-ST-ZIP **LAKE WORTH FL 33467**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE **PTD** ☒ Change ☐ Addition
1.2 NAME **Boyd Angela Michelle**
1.3 STREET ADDRESS **490 S.E. 10th Ave**
1.4 CITY-ST-ZIP **Pompano Beach FL 33060**

2.1 TITLE **SVD** ☒ Change ☐ Addition
2.2 NAME **Angela Michelle Boyd**
2.3 STREET ADDRESS **490 S.E. 10th Ave**
2.4 CITY-ST-ZIP **Pompano Beach FL 33060**

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 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:

Angela Michelle Boyd

1-18-99

Date

954-784-6172

Daytime Phone #

CR2E034 (11/98)