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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

FILED May 07 1998 8:00am Secretary of State

GHAND FINALE COFFEE & PASTR	ICO, INU,		
Principal Place of Business	Mailing Address		
905 NORTH DIXIE HIGHWAY	905 NORTH DIXIE HIG	M-WAY	
WEST PALM BEACH FL 33401	WEST PALM BEACH		
			DO NOT WRITE IN THIS SPACE
			3. Date Incorporated or Qualified 08/18/1997
2. Principal Place of Business	2a. Mailing Address		4. FEI Number Applied For
21	26		65078 7609 Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional
22	27		Fee Hequired
City & State	City & State		Election Campaign Financing \$5.00 May Be
Zip Country	28	Country	Trust Fund Contribution Added to Fees
	Zip	30	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
24 25 g. Name and Address of Current	Registered Agent	[30]	Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent
MITZELFELD, MICHAEL	riogratored rigorit	81 Name	10, Name and Adaross of New Hogistoto Agent
1100 NORTH OLIVE AVENUE		1.	Your Jetly
WEST PALM BEACH FL 33401		1 1 2	ress (P.O. Box Number is Not Acceptable)
WEOT PALM DEACH PL 33401		83 405	F N DIXIE HWY
		83	
		84 City	Prim Beach FL 85 Zip Code 33401
40.07.07.07.07.07.07.07.07.07.07.07.07.07		10.	Prim Beach FL 33401
office or registered agent, or both, in the Stato of	and 607,1506, Florida Sta of Florida: Such change wa	tutes, the above-hamed corp is authorized by the corporat	poration submits this statement for the purpose of changing its registered tion's board of directors. I hereby accept the appointment as registered
agent. I am familiar with and accept the obligat	ions of, Section 607.0505,	Florida Statutes.	
SIGNATURE Vau	<i>O</i> &,		4-28-98 PATE DATE
Signature, typed or printed name of registerodalgrill 12. OF FICERS AND		OTE Registered Agent signature requirements 13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12. OFFICERS AND	DELETE	1.1 TITLE	Change Addition
NAME JETTY, T. PAUL		1.2 NAME	
STREET ADDRESS 1100 NORTH OLIVE AVENUE		1.3 STREET ADDRESS	
WEST DALM DEACH EL 00405		P	
TITLE D	DELETE	1.4 CITY - ST - ZIP 2.1 TITLE	Change Addition
NAME PHILLIPS, GARY	_ vecen	2.2 NAME	C Ortaligo C Madridos
AND MODELL OF BE AVENUE		1 ' ' ' '	
WEST DAIL DEACH EL 2240	I	2.3 STREET ADDRESS	Z e ≥:
TITLE D	DELETE	2. 4 City - ST - ZiP 3.1 Title	☐ Change ☐ Addition
NAME MITZELFELD, MICHAEL	DELETE	3.1 TILE 3.2 NAME	
STREET ADDRESS 1100 NORTH OLIVE AVENUE		3.2 NAME 3.3 STREET ADDRESS	
MEST DAIM DEACH SI 2240	Ī		
TILE	DELETE	3.4. City-St-ZiP	Change Addition
	L DILLEIE		
NAME DYDEST ADDRESS		4. 2 NAME	errance Healy 126 NLAKESIDE DR
STREET ADDRESS			
CITY-SI-ZIP	DELETE		KE WORTH F1 33460
TITLE	F" Derest	5.1 TITLE	
NAME OTREST ADDRESS		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP	DELETE	5.4 CITY-ST-ZIP	Change Addition
TITLE	L VELETE	6.1 TITLE	Change Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

reflect complete minimation supplied with this initing does not qualify for the exemption stated in Section 119.07(3)(), Florida Statutes. Turther 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.

4-28-98 561)659-5080