

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

FILED
Jul 01 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P97000082239 (9)
1. Corporation Name
THE COFFEE CORNER OF FLORIDA, INC.



Principal Place of Business

Mailing Address

201 E OCEAN AVE
LANTANA FL 33462

201 E OCEAN AVE
LANTANA FL 33462

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/22/1997

4. FEI Number

65-0782490

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 or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GOSSELIN, RAOUL D
143 ROOSEVELT PL
WEST PALM BEACH FL 33405

81 Name

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

83

84 City

FL

85 Zip Code

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME CRAIG S. Gosselin
STREET ADDRESS 11203 Paloma Ct
CITY-ST-ZIP LOUISVILLE, KY 40229

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME PRESIDENT
1.3 STREET ADDRESS CRAIG S. GOSSELIN
1.4 CITY-ST-ZIP 11203 PALOMA CT
LOUISVILLE, KY 40229

TITLE ☐ DELETE
NAME Vice President
NAME RAUL D. Gosselin
STREET ADDRESS 143 Roosevelt Place
CITY-ST-ZIP West Palm Beach, FL 33405

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME VP
2.3 STREET ADDRESS RAUL D. GOSSELIN
2.4 CITY-ST-ZIP 143 ROOSEVELT PLACE
W. PALM BEACH, FL 33405

TITLE ☐ DELETE
NAME TREASURER
NAME MARTHA A Gosselin
STREET ADDRESS 11203 Paloma Ct
CITY-ST-ZIP Louisville, KY 40229

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME TREASURER
3.3 STREET ADDRESS MARTHA A. GOSSELIN
3.4 CITY-ST-ZIP 11203 PALOMA CT.
LOUISVILLE, KY 40229

TITLE ☐ DELETE
NAME Secretary
NAME LANCE Gosselin
STREET ADDRESS 11203 Paloma Ct
CITY-ST-ZIP Louisville, KY 40229

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME SECRETARY
4.3 STREET ADDRESS LANCE GOSSELIN
4.4 CITY-ST-ZIP 11203 PALOMA CT.
LOUISVILLE, KY 40229

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

000002578870
-07/02/98--01034--027
***150.00

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.

CR2E034 (10/97)