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 # P97000085081 (2)

FILED Feb 19 1998 8:00am Secretary of State

THE C	OFFEE CLUB, INC.				I Yanidin wa waki kana bayi aani aani aani i	ANGU ANUK OGURK MUGU KURU KURU
Principal Place of Business Mailing Address						
9530 NW 16 STREET 9530 NW 16 STREET 9530 NW 16 STREET PLANTATION FL 33322 PLANTATION FL 33322						
PLANTATION FL 33322 PLANTATION FL 33322					DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualified	
					09/30/1997	
_	Place of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26			EIN 65-0787248	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	<u> </u>		5. Certificate of Status Desired	\$8.75 Additional
City & State		27 Cit : 8 Cit - 1	-			Fee Required
23		City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be
Zip	Country	28 Zip	Cor	intry		Added to Fees
24	25	29	30	,	 This corporation owes or has paid the c Personal Property Tax due June 30. 	Surrent year Intangible
	9. Name and Address of Curr		1001		10. Name and Address of New Registere	
PY	E, THOMAS G			81 Name		-
	97 E OAKLAND PARK BLVD ST	Æ 301		82 Street Addre	ss (P.O. Box Number is Not Acceptable)	
	LAUDERDALE FL 33018			Slied Addie	ss (F.O. Box Number is Not Acceptable)	
l				83		
•				84 City		85 Zip Code
					Fi	
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.						
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.						
SIGNATURE						
12.	Signature, typed or printed name of registered a	ngont and title if applicable (Ni ND DIRECTORS	OTE: Registere	d Agent signature required	ADDITIONS/CHANGES TO OFFICERS AN	ND DIDECTORS (N. 12
TITLE	PST	DELETE	1.1 TI	TIF T	ADDITIONS/CHANGES TO OFFICERS AF	Change Addition
NAME	POLLUTRO, MICHAEL		1.2 N/	ŀ		
STREET ADDRESS	9530 NW 16 STREET			REET ADDRESS		
CITY-ST-ZIP	PLANTATION FL 33322		1.4 C	TY-ST-ZIP	•	
TITLE		☐ DELETE	2.1 Ti			Change Addition
NAME			2.2 N	IME		
STREET ADDRESS			2.3 ST	REET ADDRESS		
CITY-ST-ZIP			2.4 C	TY-ST-ZIP		
TITLE		☐ DELETE	3.1 TI	LE		Change Addition
NAME			3.2 N/	ме		
STREET ADDRESS			3.3 \$1	REET ADDRESS		
CITY-ST-ZIP		T never-		TY-ST-ZIP		
TITLE		L. DELETE	4.1 717			Change Addition
NAME .			4. 2 N			
STREET ADORESS				REET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	4.4 CI 5.1 TI	Y-ST-ZIP		Change Addition
NAME		- Victil	5.1 NA			Change number
STREET ADDRESS			B B	REET ADDRESS		,
CITY-ST-ZIP				Y-ST-ZIP		
TITLE		DELETE	6.1 TH			Change Addition
NAME			6.2 NA	ME [
STREET ADDRESS				REET ADDRESS		
CITY-ST-ZIP				Y-ST-ZIP		
	ertify that the information supplied	with this filing does not qualify			ection 119 07(3)(i) Florida Statutes, Lifurther of	ertify that the information

referely certify that the information supplied with this him does not qualify for the exemption stated in Section 119.07(3)(f), 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.

2-14-98