

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

PROFIT
CORPORATION
ANNUAL REPORT

2000



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

FILED

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DOCUMENT # P97000092856 (8)

1. Corporation Name
COFFEE TIME EXPRESS INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
3999 LANSING AVE
COOPER CITY FL 33026

Mailing Address
3999 LANSING AVE
COOPER CITY FL 33026

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/17/1997

4. FEI Number
65-0787665

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fees 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

21 5969 S University Dr

2a. Mailing Address

26 6121 Appalouosa Trail

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Davie Fl

28 Ft Lauderdale Fl

24 Zip Country

29 Zip Country

33328

30 33330

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PARDEE, BARBARA
3999 LANSING AVE
COOPER CITY FL 33026

81 Name

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

6121 Appalouosa Trail

83

84 City

Ft Lauderdale Fl

FL

85 Zip Code
33330

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 D DS
NAME PARDEE, BARBARA
STREET ADDRESS 3999 LANSING AVE
CITY-ST-ZIP COOPER CITY FL 33026

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☒ Change ☐ Addition

6121 Appalouosa Trail

Ft Lauderdale Fl 33330

TITLE SD
NAME Pardee, James A
STREET ADDRESS 3999 Lansing Ave
CITY-ST-ZIP Cooper City Fla 33026

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☒ Change ☐ Addition

6121 Appalouosa Trail

Ft Lauderdale Fl 33330

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

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***150.00 ***150.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

☐ Change ☐ Addition

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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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0138851