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

PROFIT CORPORATION **ANNUAL REPORT**

1998



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000093618 (1) THE CAPPUCCINO GUYS, INC.

FILED Feb 13 1998 8:00am Secretary of State

Principal Place of Business		Mailing Address		T SOUTH ON THE SOUTH TO SELECT COURT COURT COURT BEAUTH SOUTH SOUTH SOUTH SOUTH SOUTH SOUTH			
12510 FOREST LANE DRIVE TAMPA FL 33624		12510 FOREST LANE DRIVE TAMPA FL 33624			22.05		
					DO NOT WRITE IN THIS : 3. Date Incorporated or Qualified	SPACE	
							ļ
2. Principal F	Place of Business	2a. Mailing Address			10/31/1997 4. FEI Number	1 17	pplied For
21		26			59-3476097		lot Applicable
Suite, Apt #, etc		Suite, Apt. #, etc					Additional
22		27			5. Certificate of Status Desired		Regulred
City & State		City & State			Election Campaign Financing \$5.00 May Be		
23		28			Trust Fund Contribution Added to Fees		
Zip	Country	Zip	Country		8. This corporation owes or has paid the cur		
24	25	[29]	30		Personal Property Tax due June 30.		□ No
	g, Name and Address of Current Registered Agent				10. Name and Address of New Registered	Ägent	
SA	DORF, RICK W		81	Name			
2823 MCCORMICK DRIVE			82	Street Addr	ess (P.O. Box Number is Not Acceptable)		
	ITE 105			Oli Oct / loan	od (1.0. box Nambal is Not Acceptable)		
l cu	EARWATER FL 33759		83				
]	· · · · · · · · · · · · · · · · · · ·		84	City]eel 3:-	Codo
			8**	City	FL	85 Zip	Code
11. Pursuant	to the provisions of Sections 607 0502	and 607,1508, Florida Statute	os, the above-	named corp	oration submits this statement for the purpose of	changing i	its registered
agent La	registered agent, or both, in the State o am familiar with, and accept the obliga	of Florida. Such change was a tions of, Section 607,0505, Flo	iuthorized by t orida Statutes.	the corporati	oration submits this statement for the purpose of ion's board of directors. I hereby accept the app	ointment as	s registered
SIGNATURE	•						
GIGHATORE	Signature typed of posted name of replaced agen	Land the Sapposable (NÖTE	Registered Agent	signature require	ed when reinstating) DATE		
12.	OLEICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND		
TITLE	D	L_] DELETE	1.1 TITLE			☐ Change	Addition
NAME	BURNS, PATRICK J		1.2 NAME				
STREET ADDRESS	12510 FOREST LANE DRIVE		1 3 STREET ADDRESS				
CITY-ST-ZIP	TAMPA FL 33624		1.4 CITY-ST-	ZIP			
TITLE		☐ DELFTE	2 1 TIFLE			☐ Change	Addition
NAME			22 NAME				I
STREET ADDRESS			23 STREET ADDRESS				Ì
CITY-ST-ZIP			2 4 CITY-ST-ZIP				
TITLE !		☐ DELETE	3.1 TOTLE			Change	Addition
NAME			3.2 NAME				ŀ
STREET ADDRESS			3 3 STREET ADDRESS				ŀ
CITY - ST - ZIP			3 4. CITY-ST-ZIP		***************************************		
TITLE		☐ DELETE	41 TITLE			Change	Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET AD	DORESS			
CITY-ST-ZIP			4.4 CITY - ST-	ZIP			
TITLE		☐ DELETE	5.1 TITLE			☐ Change	Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				1
CITY-ST-7IP			5 4 CITY - ST - ZIP			-	
TITLE		☐ DELETE	61 TITLE			Change	Addition
NAME			6.2 NAME				
STREET ADDRESS		•	63 STREET AC	ODRESS			
CITY-ST-ZIP	<u> </u>		64 CITY-ST-				
14. I hereby o	certify that the information supplied will	h this filing does not qualify fo	r the exemptic	n stated in S	Section 119.07(3)(i), Florida Statutes. I further ce	tify that the	information

ort is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an se empoyeged to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in