

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000001693

1. Corporation Name

JAVA AND CREAM, INC.

Principal Place of Business

**225 E. Davis Blvd.
Tampa, Florida 33606**

Mailing Address

**225 E. Davis Blvd.
Tampa, Florida 33606**

2. Principal Place of Business

21

Suite, Apt #, etc

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt #, etc

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**Cavanaugh, Dennis T.
225 E. Davis Blvd.
Tampa, Florida 33606**

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 first filing)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

D, P.

Cavanaugh, Dennis T.

225 E. Davis Blvd.

Tampa, Florida 33606

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TITLE NAME STREET ADDRESS CITY-STATE-ZIP

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3. Date Incorporated or Qualified

01/08/98

4. FEI Number

59-3484699

Applied For
Not Applicable

\$8.75 Additional
Fee Required

5. Certificate of Status Desired

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax

[] Yes

[X] No

10. Name and Address of New Registered Agent

DO NOT WRITE IN THIS SPACE

FILED

99 MAR 17 PM 2: 15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-15-99 813 254-8160

CR2E034 (11/98)