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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

Feb 24, 1999 8:00 am Secretary of State 02-24-1999 90197 004 ***150.00

DOCUMENT # P98000033340

1. Corporation THE BO	OCA BEAN ESPRESSO CATE		IY, INC.			I HERITARU IIA TERDI FANI ARKII BODIN BUTUN E		. .	
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Principal Place of Business Mailing Address									
16 ROYAL PALM WY. #302 16 ROYAL PALM WY. #302 BOCA RATON FL 33432 BOCA RATON FL 33432					ſ				
BOUGH HATON	PL 33432	DOOR HATON FL	. 33432			DO NOT WRITE IN THIS SPACE			
						3. Date incorporated or Qualifed			7
						04/10/1998]
2. Principal F	Place of Business	2a. Mailing Addr	ess			4. FEI Number	<u> </u>	plied For	Į
<u></u>			26		1.5-0831889		t Applicable	┨	
Suite, Apt. #, etc.			Suite, Apt. #, etc.		5. Certificate of Status Desired	30.73 /	Additional equired		
		27 City & State			6. Election Campaigh Financing	\$5:00		<u> </u>	
City & State		28	}_		Trust Fund Contribution	Added 1		"	
Zip	Country	Zip		Country		8. This corporation owes the current year	Intengible		1
24	[25]	29	30			Personal Property Tax.	☐ Yes_	□No	}
	9. Name and Address of Current	t Registered Agent				10. Name and Address of New Registers	d Agent		l
044	UDEDOCAL MADEN			81	Name				i
SANDERSON, KAREN 18 ROYAL PALM WY, #302				82	Street Ad	dress (P.O. Box Number is Not Acceptable)			1
	CA RATON FL 33432								ſ
DCA.	ON PATON PL 33-32			83					
				84	City	F	85 Zip (Code	1
	to the condeless of Continue CO7 0502	2 and 607 1509 Elory	de Statules th	a above	named on	moration submits this statement for the ourmose	of changing its	recistered	ļ
11. Pursuant office or r	to the provisions of Sections 607.0502 registered agent, or both, in the State of	2 and 607.1508, Flork of Florida. Such chan	da Statutes, th	e above	a-named con the corpora	rporation submits this statement for the purpose tion's board of directors. I hereby accept the	of changing its pointment as req	registered gistered	
		2 and 607.1508, Flori of Florida, Such chan- tions of, Section 607.0	da Statules, th ge was authori 0505, Florida S	e above ized by t Statutes.	a-named cor the corpora	rporation submits this statement for the purpose tion's board of directors. I hereby accept the	of changing its pointment as rep	registered gistered	
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CICAIATURE	Stonebure, typed or printed name of registered agent	ond the If applicable.	(NOTE: Regist			rporation submits this statement for the purpose tion's board of directors. I hereby accept the	of changing its pointment as re-	RS IN 12	1/98)
SIGNATURE	Spidule typed or printed name of regulated agent OFFICERS AND	and the if applicable. D DIRECTORS	(NOTE: Regist	tered Agent 13. .1 TITLE		rporation submits this statement for the purpose tion's board of directors. I hereby accept the *** Company of the *** Company of the transfer of the transf	of changing its pointment as re-		Ξ
SIGNATURE	Stordard Topad or printed name of regulated again OFFICERS AND THE STORE OF SANDER	on the Papplebe. D DIRECTORS	(NOTE: Regist	13. .1 TITLE .2 NAME	i agnatura raqui	rporation submits this statement for the purpose tion's board of directors. I hereby accept the *** Company of the *** Company of the transfer of the transf	of changing its pointment as re-	RS IN 12	Ξ
SIGNATURE 12.	Stordard Topad or printed name of regulated again OFFICERS AND THE STORE OF SANDER	on the Papplebe. D DIRECTORS	(NOTE: Regist	131 TITLE .2 NAME .3 STREET	ADORESS	rporation submits this statement for the purpose tion's board of directors. I hereby accept the *** Company of the *** Company of the transfer of the transf	of changing its pointment as re-	RS IN 12	2F034 (11/98)
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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, with all other like empowered.

SIG	M	AT	110	

KALSIGNATIVEZ BEQUIRED

1/11/22

561-447-9003