FILED May 06, 1999 8:00 am Secretary of State

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P98000050934 EPITOME COMMUNITY COFFEEHOUSE, INC.

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Principal Place	of Business	Mailing A								
302 RAVEN ST	1 2004	302 RAVE					1			
TALLAHASSEE FL 32304 TALLAHASSEE FL 32304			SSEE PL 32304				DO NOT WRITE IN THIS SPACE			
							3. Date Incorporated or Qualified			
							06/08/1998			
2. Principal Pla	ce of Business	2a. Mailir	ng Address				4. FEI Number		opiled For	
21		26		_			59-3514765	<u> </u>	lot Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.			Apt. #, etc				5. Certificate of Status Desired	\$8.75 Additional		
22		27					3. Office 5. Said 503,60	Fee F	Required	
City & State City & State			S State	-		-	- 1		00 May Be	
23		28		-			Trust Fund Contribution		to Fees	
Zip -	Country	ΖΊp	Б	Count	ury		8. This corporation owes the current year	ntangible Yes	□No	
24	25	29		30	_		Personal Property Tax. 10. Name and Address of New Registers		CINO	
	9. Name and Address of Cui	rent Kegistered	Agent		31	Name	100 1400-to mile commission At 115th 145 Biograph			
SWALI	N, CANDACE		,							
	ELDER LANE			J.	32	Street Addr	ess (P.O. Box Number is Not Acceptable)			
	HASSEE FL 32303			1	33					
				٤	34	City	F	85 Zip	Code	
agent, I am	gistered agent, or both, in the St familiar with, and accept the ob	alle of Florida. Suc Aligations of, Section	on 607.0505, Flori	da Statut	es.	ate corboratio	oration submits this statement for the purpose on's board of directors. I hereby accept the app			
SIGNATURE _	ignature, typed or printed name of registered	agent and title if applicat	He. (NOTE: F	legislared A	gent	signature required	d when reinstating) DATE			
12.		AND DIRECTOR	S	13.			ADDITIONS/CHANGES TO OFFICERS			
TITLE	Dresident		DELETE	1.1 TITU	Ę			Change	☐ Addition	
NAME	CANDACE	200AIN		1.2 NAM	E					
STREET ADDRESS	4-35 Elder	LANE	~	13 STR	EET/	ADDRESS				
CITY-ST-ZIP	FAILS HASS	EE 171	37303	1.4 CITY		ZP		Channe		
TITLE	•	•	☐ DELETE	2.1 TITL	E	ľ		☐ Change	Addition	
NAME				2.2 NAM	E					
STREET ADDRESS				4		ADDRESS				
CITY-ST-ZIP				2.4 CIT	_	-ZIP		Change	Addition	
TITLE			DELETE	3.1 TITU						
NAME				32 NAM				4		
STREET ADDRESS						ADDRESS				
CITY-ST-ZIP	<u> </u>		DELETE	34. CIT		-ZIP		Change	Addition	
TITLE			C DECEIG	1						
NAME				4. 2 NAA		ADDRESS .				
STREET ADDRESS			-		-					
CITY-ST-ZIP			DELETE	4.4 City 5.1 Titus		·u		Change	Addition	
TITLE			C DETELE	5.2 NAM					_	
NAME						ADDRESS				
STREET ADDRESS				5.4 CITY						
CITY-ST-ZIP			DELETE	6.1 TITL				☐ Change	☐ Addition	
IIICE				62 11414						

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 eath; 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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR