

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

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

05-06-1999 90082 046 ***150.00

DOCUMENT # P98000065557

1. Corporation Name
BEATNIX COFFEE HOUSE, INC.

Principal Place of Business
**3000 34TH STREET SOUTH
SAINT PETERSBURG FL 33711**

Mailing Address
**3000 34TH STREET SOUTH
SAINT PETERSBURG FL 33711**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/27/1998

4. FEI Number
593519975

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

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 ☐ No

2. Principal Place of Business
21 **3000 34TH ST S.**

2a. Mailing Address
26 **3000 34TH ST S**

Suite, Apt. #, etc.
22 **SUITE 21**

Suite, Apt. #, etc.
27 **SUITE 21**

City & State
23 **ST. PETERSBURG FL**

City & State
28 **ST PETERSBURG FL**

Zip Country
24 **33711** 25 **USA**

Zip Country
29 **33711** 30 **USA**

9. Name and Address of Current Registered Agent

**BRIGGS, EDWARD THOMAS RN
321 22ND AVENUE SE
SAINT PETERSBURG FL 33705**

10. Name and Address of New Registered Agent

81 Name **EDWARD BRIGGS**
82 Street Address (P.O. Box Number is Not Acceptable)
321 22ND AVE SE
83
84 City **ST PETERSBURG** FL 85 Zip Code **33705**

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]
Signature, typed or printed name of registered agent and title if applicable.

EDWARD BRIGGS

4-21-99

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE **PRESIDENT**
NAME **EDWARD BRIGGS**
STREET ADDRESS **321 22ND AVE SE**
CITY-ST-ZIP **ST. PETERSBURG FL 33705**

TITLE **Secretary**
NAME **DAVID SCHAUER**
STREET ADDRESS **321 22ND AVE SE**
CITY-ST-ZIP **ST. PETERSBURG FL 33705**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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

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

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

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

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.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-99

Date

Daytime Phone #

CR2E034 (1/98)