Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90213 046 ***150.00

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000069654

1. Corporation Name

COFFEE CLUB CONNECTION INC.

·	OLOD CONNECTION INC.									
Principal Place	e of Business	Mailing Address						Bill Sèire e	erim fmild Strai	Artin Athl IAb:
62 INDIAN TRA	CE	62 INDIAN TRACE								
SUITE 168		SUITE 168								
WESTON FL 33326		WESTON FL 33326			DO NOT WRITE IN THIS SPACE					
-	•					3. Date incorpor 08/11/199				
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number		_ [[Ap	plied For
21		26				65°€	855/9	2 Y	No	t Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certifcate of S	Status Desired		\$8.75	Additional
22	and the first of the second	27				5. Certificate of S	Status Desired	<u></u>	≟Fee Re	quired
City & State	e .	City & State				6. Election Cam	paign Financing	٠.	\$5.00	May Be
23		28				Trust Fund Co	ontribution		Added 1	o Fees
Zip	Country	Zip	Coun	itry		8. This corporati	ion owes the current	year Inta	ngible	
24	25	29	30			Personal Prop	perty Tax.		☐ Yes	□No
	9. Name and Address of Current	Registered Agent				10. Name and A	ddress of New Reg	istered A	gent	
				81	Name					
	ien, eric s		Į.	82	Street Address	No. (P.O. Boy Numb	per is Not Acceptable		····	——–
814	KAPOK WAY			82	Street Addre	555 (F.O. BOX NUMB	Del 13 1400 Accoptable	"		
WES	STON FL 33327		-	83					-	
			1	84	City			FL	85 Zip (Code
				- 1						
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State or m familiar with, and accept the obligation	of Florida. Such change was a	uthorized	by th	-named corpo he corporation	oration submits this s n's board of director	statement for the pur rs. I hereby accept the	rpose of o ne appoin	changing its tment as re	registered gistered
office or re agent. I an SIGNATURE	egistered agent, or both, in the State om familiar with, and accept the obligation	of Florida, Such change was a ions of, Section 607.0505, Flo	uthorized rida Statu	by th tes.	he corporation	n's board of director	statement for the pui rs. I hereby accept th	te appoin	changing its tment as re	registered gistered
office or re agent. I an	egistered agent, or both, in the State om familiar with, and accept the obligation. Signature, typed or printed name of registered egent	of Florida, Such change was a close of, Section 607.0505, Florida in and title if applicable. (NOTE)	uthorized rida Statu : Registered /	by th tes.	named corporation	when reinstating)	rs. I nereby accept tr	DATE		gistered
office or reagent. I as SIGNATURE	egistered agent, or both, in the State om familiar with, and accept the obligation of the state	of Florida. Such change was a close of, Section 607.0505, Florida and title if applicable. (NOTE D DIRECTORS	uthorized rida Statu	by thes.	he corporation	when reinstating)	statement for the purs. I hereby accept the	DATE	D DIRECTO	gistered
office or reagent. I at SIGNATURE 12.	egistered agent, or both, in the State om familiar with, and accept the obligation of signature, typed or printed name of registered agent OFFICERS AND	of Florida, Such change was a close of, Section 607.0505, Florida in and title if applicable. (NOTE)	uthorized rida Statu	by thes.	he corporation	when reinstating)	rs. I nereby accept tr	DATE		RS IN 12
office or reagent. I at SIGNATURE 12. TITLE NAME	egistered agent, or both, in the State om familiar with, and accept the obligation of signature, typed or printed name of registered agent OFFICERS AND D COHEN, MICHELE L	of Florida. Such change was a close of, Section 607.0505, Florida and title if applicable. (NOTE D DIRECTORS	uthorized rida Statu	by thes. Agent:	signature required	when reinstating)	rs. I nereby accept tr	DATE	D DIRECTO	RS IN 12
office or reagent. I at SIGNATURE 12.	egistered agent, or both, in the State of m familiar with, and accept the obligation of the state of registered agent of the obligation of the state	of Florida. Such change was a close of, Section 607.0505, Florida and title if applicable. (NOTE D DIRECTORS	Registered A	Agent:	signature required	when reinstating)	rs. I nereby accept tr	DATE	D DIRECTO	RS IN 12
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office or reagent. I ai SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	egistered agent, or both, in the State of m familiar with, and accept the obligation of the control of the cont	of Florida. Such change was a cions of, Section 607.0505, Florida in applicable. I and title if applicable	uthonzed rida Statu Registered / 13. 1.1 TITI 1.2 NAM 1.3 STF 1.4 CITT 2.1 TITI 2.2 NAM 2.3 STF	Agent: LE ME Y-ST- LE ME TY-ST- LE ME TY-ST-	signature required : ADDRESS ADDRESS	when reinstating)	rs. I nereby accept tr	DATE	D DIRECTO	RS IN 12
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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 trystee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP