PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherinė Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 02, 1999 8:00 am Secretary of State 03-02-1999 90016 026 ***150.00

DOCUMENT # P98000070432 1. Corporation Name D. & B. COFFEE ENTERPRISES INC.									
Principal Plan	o of Business	М	ailing Address				I CONTINUES IND HOURI EATIN DOUN ANNI MONT PANIN HOURS DANIN ALIANA	Hish ritt i fist	
Principal Place of Business Mailing Address 589 SUPPERY ROAD 589 SUPPERY ROAD									
WESTON FL 33327 WESTON FL 33327									
							DO NOT WRITE IN THIS SPACE		
							3. Date incorporated or Qualifed		
2. Principal Place of Business			2a. Mailing Address				4. FEI Number Apr	lied For	
21		26						Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.					5. Certificate of Status Desired 5. Sertificate of Status Desired		
22		27					Ped Rox	 1.	
City & State			City & State				6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees		
23			Zip Country						
Zip Country		\vdash	⊢		Journal		8. This corporation owes the current year Intangible Personal Property Tax. IV Yes		
24	25	[29]	stened Agent	30	т-		10. Name and Address of New Registered Agent		
	9. Name and Address of Current	Kegis	Hered Wash		81	Name	101 1101		
FIMI	ANO, BONNIE				82				
589 SLIPPERY ROAD						Street Add	dress (P.O. Box Number is Not Acceptable)		
	TON FL 33327		•		83				
***					Ĺ			4-	
					84	City	FL 85 Zip C	ode .	
agent. 1 a	Signature, typed or printed name of registered agent (and btie	if applicable. (NOTI	E: Registered			rporation submits this statement for the purpose of changing its tion's board of directors. I hereby accept the appointment as reg		(11/98)
12.	OFFICERS AND DIRECTORS			13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	President		☐ DELETE	1.1 77			☐ Change		7
NAME	Bonnie M. Fimiano			12N					CR2E034
STREET ADORESS	589 Stippery Rock Rd.				1.3 STREET ADORESS			}	Z
CITY-ST-ZIP	Weston 1. 33327			1.4 CITY-ST-ZIP 2.1 TITLE		☐ Change	Addition	5	
TITLE	V (CAC			21 IIILE 22 NAME		•	_		
NAME	Dominical G. Finitudo JR. 589 Slippery Rock Rd			1	22 NAME 23 STREET ADDRESS		•	[
STREET ADDRESS		72	1					ļ	
CITY-ST-ZIP	DELETE		_	2.4 CITY-ST-ZIP		Change	Addition		
NAME				3.2 N	WE			i	
STREET ADDRESS			<u></u>	33 S	TREE	TADORESS		····	
CITY-ST-ZIP				34.0	TY-S	57-Z2P			
TITLE			(DELETE	4.1 T/	πE		☐ Change	☐ Addition	
NAME			•	4, 2 N	MME				
STREET ADDRESS				435	IREE	TADDRESS			
CITY-ST-ZIP				_		T-21P			
TITLE			☐ DELETE	5.1 TI			. ☐ Change	Addition	
NAME				5.2 N				1	
STREET ADDRESS	_					TADORESS	•	İ	
CITY-ST-ZIP	•			5.4 CF 6.1 TF		1-ZIP	☐ Change	Addition	
TITLE			☐ DELETE	6.1 II					
NAME						TADDRESS		!	
STREET ADDRESS						[
CITY-ST-ZIP				0.4 C	11.2	T-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 changes, or on an attachment with an address, with all other like empowered.