SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF ORPORATIONS

DOCUMENT #

P980000767591/

ROBERTO'S GOURMET COFFEE AND YOGURT, INC.

FILED Jul 21, 1999 8:00 am Secretary of State

07-21-1999 90010 021 ***550.00

592865 - 90010 - 21 3 *

Principal Place	of Business	Mailing Address	Address				
1031 NO. COL	LIER BLVD.	1031 NO. COLLIER BLVD.					
MARCO ISLAND FL 34145		MARCO ISLAND FL 34145				DO NOT WRITE IN THIS SPACE	
						3. Date Incorporated or Qualified	ı
D. Malina Address						08/31/1998 4. FEI Number Applied For	1
2. Principal Place of Business 2a. Mailing Address						59-3,5320,57 Not Applicable	1
26 Suite Act # ata						\$8.75 Additional	1
Suite, Apt. #, etc. Suite, Apt. #, etc. 27						5. Certificate of Status Desired Fee Required	
City & State City & State 28						6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees	
Zip				Country		8. This corporation owes the current year	
24			30	٥		Intangible Personal Property. Yes No	}
	9. Name and Address of Currer	,				10. Name and Address of New Registered Agent]
				81	Name		
LUM	ISDEN, DENNIS J			82	Street Addr	oss /B O. Box Number is Not Acceptable)	┧
800	LAUREL OAK DR.,STE.400			02	Street Addre	Street Address (P.O. Box Number is Not Acceptable)	
NAF	PLES FL 34108			83	-	~]
				84	City	FI 85 Zip Code	1
44 Oursugat	to the provisions of sections 607 050	2 and 607 1508 Florida Statutes	the ab		named comor	ation submits this statement for the purpose of changing its registered	1
office or i	registered agent, or both, in the State	e of Florida. Such change was at	ithorize(o by	the corporation	on's board of directors. I hereby accept the appointment as registered	
agent. 1 a	m familiar with, and accept the oblig	ations of, section 607.0505, Flor	ida Stat	utes			1
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable. (NOT	E: Registe	red Ag	ent signature requ	red when reinstating) DATE	15
12.	OFFICERS AND DIRECTORS		13.	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	CR2E034 (5/99)
TITLE	D	DELETE	1,1 711	īΕ		Change Addition	5
NAME	KATZ, STEPHEN B	_	1.2 NA	ME			절
STREET ADDRESS 16530 TIMBERLAKES DR.			1.3 STREET ADDRESS		ADDRESS		
CITY-ST-ZIP	FT. MYERS FL 33908		1.4 CiTY-ST-ZIP		-ZIP] 🔀
TITLE	D DELETE		2.1 TITLE			Change Addition]~
NAME	KATZ, FRANCINE M		2.2 NAME				
STREET ADDRESS	AGENG THIREDI AVEC DE		2.3 ST	REET	ADDRESS		1
CITY-ST-ZIP	FT. MYERS FL 33908		2.4 CIT		-ZIP		_
TITLE		DELETE	3.1 TITLE			Change Addition	}
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET ADDRESS		ADDRESS	•	
CITY-ST-ZIP			3.4 CI	TY-ST	ZIP		1
TITLE	DELETE		4,1 TIT	4.1 TITLE		Change Addition	
NAME	NAME		4.2 NA	4.2 NAME			
STREET ADDRESS			4.3 ST	REET.	ADDRESS	•	
CiTY-ST-ZIP			4.4 CI	TY-ST	ZIP]
TITLE	DELETE 5		. 5.1 TI	5.1 TITLE		Change Addition	
NAME		••	5.2 NA	ME			
STREET ADDRESS			5.3 ST	REET	ADDRESS		
CITY-ST-ZIP			5.4 CI	TY-ST	ZIP		1
TITLE	DELETE		6.1 TI	6.1 TITLE		Change Addition	
NAME		•	6.2 NA	ME			1
STREET ADDRESS	, <u>, , , , , , , , , , , , , , , , , , </u>	1	6.3 ST	REET	ADDRESS		
CITY-ST-ZIP			6.4 CI	TY-ST	ZIP]
14. I hereby co						tion 119.07(3)(i), Florida Statutes. I further certify that the information	1

SIGNATURE: