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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortharn

Secretary of State

DIVISION OF CORPORATIONS 1996

DOCUMENT #
1. Corporation Name

COURTESY COFFEE OF FLORIDA, INC. Principal Place of Business Mailing Address								
					\$ 18011010 181 11011 90106 16111 03110	OHE BLUI DIDI! V		HEAL BLOCK (ED)
6706 BENJAMI	N RD	6706 BENJAMIN RD						
STE 700 STE 7		STE 700 Tampa Fl. 33634						
		***************************************			3. Date incorporated or Qualified		3a. Date of Last Report	
		T			10/30/1990 4. FEI Number	U5/C	1/199	Applied For
2. Principal Pla	ce of Business	2a. Mailing Address					\vdash	Not Applicable
Suite, Apt. #	als	Suite, Apt. #, etc.			58-1918424		A 4	Additional
2	, etc.	27			5. Certificate of Status Desired			Required
City & State		City & State			6. Election Campaign Financing		\$5.00	🕽 Мау Ве
3		28			Trust Fund Contribution			d to Fees
Zφ	Country	Ζφ	Countr	У	8. This corporation has liability for i		under s	199.032,
4	25	29	30		Florida Statutes Yes 10. Name and Address of New F		ent	
	9. Name and Address of Current	negistered Agent	8	1 Name	10, Hame and Rudiosa of New H	- Signature M		
					#2 A D. M	ula)		
	S, WILLIAM F.		8:	2 Street Add	ress (P.O. Box Number is Not Acceptab	iie;		
	COACHMAN RD		8	3				
#92 CLEADW	ATER FL 34625						6c 7u	p Code
CLEARW	RIER FL 34025		8	4 City		FL	85 Zij	p Code
SIGNATURE	and accept the obligations of, Section				•	4/27/96		
	Signature, typed or pricted name of registers l'agent ar OFFICERS AND			ent signafore require		DATE ICERS AND D	DIRECTO	DRS IN 12
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFF		DIRECTO Change	
12. THILE	OFFICERS AND PD	DIRECTORS	13.	,				
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certry that the information indicated on this annual report or supplemental annual report is true and accorded and that the signature shall have the same legal energy and orthogonally that Lam an officer or director of the comporation or the receiver or trusted 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, grant an attachment with an address

SIGNATURE:

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR