

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S21683** (5)

1. Corporation Name

SAVON/COFFEE LOVERS COFFEE, INC.



Principal Place of Business

**5183 N.W. 15TH ST.
P.O. BOX 63-4487
MARGATE FL 33063**

Mailing Address

**5183 N.W. 15TH ST.
P.O. BOX 63-4487
MARGATE FL 33063**

3. Date Incorporated or Qualified

12/18/1990

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 **6601 LYONS ROAD**

26 **6601 LYONS ROAD**

4. FEI Number

59-3044188

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **SUITE C-12**

27 **SUITE C-12**

City & State

City & State

23 **COCONUT CREEK, FL**

28 **COCONUT CREEK, FL**

Zip

Country

Zip

Country

24 **33073**

25

29 **33073**

30

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GLAUBMAN, HERBERT
5183 N.W. 15TH ST.
MARGATE FL 33063**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

6601 LYONS ROAD

83

SUITE C-12

84

COCONUT CREEK

FL

85 Zip Code

33073

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 607.0506, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and the corporation

(NOTE: Registered Agent signature required when re-issuing)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **DT
GLAUBMAN, HERBERT**
STREET ADDRESS **5183 N.W. 15TH ST.**
CITY - ST - ZIP **MARGATE FL**

TITLE ☐ DELETE

NAME **PVS
GLAUBMAN, HERBERT**
STREET ADDRESS **5183 N.W. 15TH ST.**
CITY - ST - ZIP **MARGATE FL**

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

☒ Change ☐ Addition

12 NAME
13 STREET ADDRESS **6601 LYONS ROAD, SUITE C-12**
14 CITY - ST - ZIP **COCONUT CREEK, FL 33073**

21 TITLE ☒ Change ☐ Addition

22 NAME
23 STREET ADDRESS **6601 LYONS ROAD, SUITE C-12**
24 CITY - ST - ZIP **COCONUT CREEK, FL 33073**

31 TITLE ☐ Change ☐ Addition

32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

Herbert Glaubman **HERBERT GLAUBMAN** 12/9/96 954 420-0882
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)