FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED Mar 03 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # 1. Corporation Name V21188 ESCALERA ROASTERS, INC. CK#1581 /26/88 Principal Place of Business 10248 EL CABALLO CT 10248 EL CABALLO CT DELRAY BEACH FL 33446 DELRAY BEACH FL 33446 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/16/1992 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For Not Applicable 21 26 65-0320231 Suite, Apt. #, etc. Suite, Apl. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be П 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country This corporation owes or has paid the current year Intangible ☐ Yes 24 25 29 30 Personal Property Tax due June 30. 9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent **B1** Name MERKLE, WILLIAM R. 110 E ATLANTIC AVE 82 Street Address (P.O. Box Number is Not Acceptable) SUITE 400 83 **DELRAY BEACH FL 33444** City Zip Code 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 607.0505, Florida Statutes. **SIGNATURE** Signature, typed or printed name of registered against and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TITLE 1.1 TITLE **ESCALERA, RICHARD** NAME 1.2 NAME STREET ADDRESS 10248 EL CABALLO CT 1.3 STREET ADDRESS **DELRAY BEACH FL** 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Channe Addition TITLE 2.1 TITLE **ESCALERA, ELIZABETH** NAME 2.2 NAME 10248 EL CABALLO CT STREET ADDRESS 2.3 STREET ADDRESS DELRAY BEACH FL CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE ■ Addition TITLE 3.1 TITLE Change 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change TITLE 4.1 TITLE Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-\$T-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

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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 supplier ental 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 of the hopover or trouble 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, of on an atlachment with an address.

CITY-ST-ZIP