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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # **P39799** (2)

1. Corporation Name  
**THE COFFEE BEANERY, LTD. CORPORATION**

Principal Place of Business <b>3429 PIERSON PL FLUSHING MI 48433 US</b>	Mailing Address <b>3429 PIERSON PL FLUSHING MI 48433 US</b>
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DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 21	2a. Mailing Address 26 <b>P.O. BOX 310349</b>	3. Date Incorporated or Qualified <b>07/27/1992</b>	3a. Date of Last Report <b>03/25/1994</b>
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	4. FEI Number <b>38-2118126</b>	Applied For <input type="checkbox"/> Not Applicable
23 City & State	28 <b>FLINT MI</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
24 Zip	25 Country	29 <b>48531</b>	30 <b>GENESEE</b>
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

<b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324</b>	81 Name
	82 Street Address (P.O. Box Number is Not Acceptable)
	83
	84 City
	85 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>DP</b>	NAME <b>SHAW, JOANNE</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>G-3429 PIERSON PLACE</b>	CITY - ST - ZIP <b>FLUSHING MI</b>	1.2 NAME	
TITLE <b>DVS</b>	NAME <b>SHAW, JULIUS</b>	1.3 STREET ADDRESS	
STREET ADDRESS <b>G-3429 PIERSON PLACE</b>	CITY - ST - ZIP <b>FLUSHING MI</b>	1.4 CITY - ST - ZIP	
TITLE <b>VPD</b>	NAME <b>STEELE, REGINALD N</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>G3429 PIERSON PL</b>	CITY - ST - ZIP <b>FLUSHING MI</b>	2.2 NAME	
TITLE <b>VPD</b>	NAME <b>SHAW, RICHARD C</b>	2.3 STREET ADDRESS	
STREET ADDRESS <b>G-3429 PIERSON PL</b>	CITY - ST - ZIP <b>FLUSHING MI</b>	2.4 CITY - ST - ZIP	
TITLE <b>D</b>	NAME <b>SHAW, KEVIN</b>	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>G-3429 PIERSON PL</b>	CITY - ST - ZIP <b>FLUSHING MI</b>	3.2 NAME <b>D</b>	
TITLE <b>D</b>	NAME <b>SHAW, KURT</b>	3.3 STREET ADDRESS <b>MUHLEMAN, JANET</b>	
STREET ADDRESS <b>G-3429 PIERSON PL</b>	CITY - ST - ZIP <b>FLUSHING MI</b>	3.4 CITY - ST - ZIP <b>100 BLOOMFIELD HILLS PARKWAY</b>	
		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY - ST - ZIP	
		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY - ST - ZIP	
		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		6.2 NAME	
		6.3 STREET ADDRESS	
		6.4 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 110.07(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: Joanne Shaw **JOANNE SHAW** 03/30/95 **800/728-2326**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #