

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

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Feb 14 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P39799 (2)  
1. Corporation Name  
THE COFFEE BEANERY, LTD. CORPORATION



Principal Place of Business: 3429 PIERSON PL, FLUSHING MI 48433, US  
Mailing Address: PO BOX 310349, FLINT MI 48531-0349, US

3. Date Incorporated or Qualified: 07/27/1992  
3a. Date of Last Report: 02/02/1996

2. Principal Place of Business: 21  
2a. Mailing Address: 26 3429 Pierson Place  
Suite, Apt. #, etc.: 22  
City & State: 23 Flushing, MI  
Zip: 24 48433 Country: 25 USA  
City & State: 27  
City & State: 28  
Zip: 29 Country: 30

4. FEI Number: 38-2118126 Applied For: Not Applicable  
5. Certificate of Status Desired: \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution: \$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  
C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 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 reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	CFO
NAME	SHAW, JOANNE	1.2 NAME	Mark Connell
STREET ADDRESS	3429 PIERSON PLACE	1.3 STREET ADDRESS	3429 Pierson Place
CITY- ST- ZIP	FLUSHING MI	1.4 CITY- ST- ZIP	Flushing, MI 48433
TITLE	Chairman of the Board	2.1 TITLE	COO
NAME	SHAW, JULIUS	2.2 NAME	Dave Gausden
STREET ADDRESS	G-3429 PIERSON PLACE	2.3 STREET ADDRESS	3429 Pierson Place
CITY- ST- ZIP	FLUSHING MI	2.4 CITY- ST- ZIP	Flushing, MI 48433
TITLE	VPD	3.1 TITLE	
NAME	SHAW, RICHARD C	3.2 NAME	
STREET ADDRESS	3429 PIERSON PL	3.3 STREET ADDRESS	
CITY- ST- ZIP	FLUSHING MI	3.4 CITY- ST- ZIP	
TITLE	D	4.1 TITLE	
NAME	SHAW, KEVIN	4.2 NAME	
STREET ADDRESS	3429 PIERSON PL	4.3 STREET ADDRESS	
CITY- ST- ZIP	FLUSHING MI	4.4 CITY- ST- ZIP	
TITLE	D	5.1 TITLE	
NAME	SHAW, KURT	5.2 NAME	
STREET ADDRESS	3429 PIERSON PL	5.3 STREET ADDRESS	
CITY- ST- ZIP	FLUSHING MI	5.4 CITY- ST- ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		6.4 CITY- ST- ZIP	

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TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		6.4 CITY- ST- ZIP	

14. I do 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 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: X *Joanne Shaw* (810) 733-1020  
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #

CR2E034 (9/96)