

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

FILED

Apr 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 # P96000071341 (7)

1. Corporation Name
GOURMET CUP JAVA HUT, INC.



Principal Place of Business: 2203 DUMBARTON WAY VALRICO FL 33594
Mailing Address: 2606 DURANT OAKS DRIVE 2203 DUMBARTON WAY VALRICO FL 33594-4118

3. Date Incorporated or Qualified: 08/27/1996
3a. Date of Last Report: [blacked out]
4. FEI Number: 59-3396528
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 [x] No

2. Principal Place of Business: INTERNET
21. 408 SANDRA LAWE
22. BELTON, MD
23. 64012 USA
24. 64012 25. USA
2a. Mailing Address: 2606 DURANT OAKS DR.
26. [blacked out]
27. [blacked out]
28. VALRICO, FL
29. 33594 30. USA

9. Name and Address of Current Registered Agent: AMERILAWYER CHARTERED 343 ALMERIA AVENUE CORAL GABLES FL 33134
10. Name and Address of New Registered Agent: [] Name [] Street Address (P.O. Box Number is Not Acceptable) [] City FL [] 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] DATE: []

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD NAME: RAYFIELD, BENJAMIN S STREET ADDRESS: 2203 DUMBARTON WAY CITY-ST-ZIP: VALRICO FL 33594	<input type="checkbox"/> DELETE	1.1 TITLE: PD 1.2 NAME: RAYFIELD, BENJAMIN S 1.3 STREET ADDRESS: 2606 DURANT OAKS DRIVE 1.4 CITY-ST-ZIP: VALRICO, FL 33594	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VD NAME: HYMAN, MICHAEL STREET ADDRESS: 2203 DUMBARTON WAY CITY-ST-ZIP: VALRICO FL 33594	<input type="checkbox"/> DELETE	2.1 TITLE: VD 2.2 NAME: HYMAN, MICHAEL 2.3 STREET ADDRESS: 408 SANDRA LN 2.4 CITY-ST-ZIP: BELTON, MD 64012	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: SD NAME: RAYFIELD, THOMAS M STREET ADDRESS: 2203 DUMBARTON WAY CITY-ST-ZIP: VALRICO FL 33594	<input type="checkbox"/> DELETE	3.1 TITLE: SD 3.2 NAME: RAYFIELD THOMAS M 3.3 STREET ADDRESS: 408 SANDRA LAWE 3.4 CITY-ST-ZIP: BELTON, MD 64012	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: TD NAME: RAYFIELD, CHRISTOPHER M STREET ADDRESS: 2203 DUMBARTON WAY CITY-ST-ZIP: VALRICO FL 33594	<input type="checkbox"/> DELETE	4.1 TITLE: TD 4.2 NAME: RAYFIELD, CHRISTOPHER M 4.3 STREET ADDRESS: 2606 DURANT OAKS DRIVE 4.4 CITY-ST-ZIP: VALRICO, FL 33594	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: [] NAME: [] STREET ADDRESS: [] CITY-ST-ZIP: []	<input type="checkbox"/> DELETE	5.1 TITLE: [] 5.2 NAME: [] 5.3 STREET ADDRESS: [] 5.4 CITY-ST-ZIP: []	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: [] NAME: [] STREET ADDRESS: [] CITY-ST-ZIP: []	<input type="checkbox"/> DELETE	6.1 TITLE: [] 6.2 NAME: [] 6.3 STREET ADDRESS: [] 6.4 CITY-ST-ZIP: []	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: THOMAS M RAYFIELD SECRETARY 3-31-97 816-331-7217

CR2E034 (9/96)