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

PROFIT CORPORATION **ANNUAL REPORT** 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

T •	MENT # 349269 COAST BEVERAGE DISTRIBL	(1) ITORS, INC.						
Principal Plac	e of Business	Mailing Address			A SEALOD LIKIT BIDAY DELIK TIBADA	DISTRIBUTED PROPERTY))) Eksil Bisik siah	PORT TOR
44 COCOANUT ROW		44 COCOANUT ROW						
SUITE T-8		SUITE T-8			DO NOT WRITE IN THIS SPACE			
PALM BEACH	FL 33480	PALM BEACH FL 33480			3. Date Incorporated or Qua		3 OF MOL	 -
ł					07/10/1969			}
2. Principal Place of Business		2a, Mailing Address			4. FEI Number		IAp	plied For
21 3325 N.W. 70TH AVE		26			59-1264956		No	t Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desire	ad [4	\$8.75	, — -,	
22		27				Fee Re		
City & State 23 MAMI FL		City & State			Election Campaign Finance Tours Fund Contribution	ing 🔲	\$5.00 Added t	
231 // // // Zip	Country	28 Z _{ID}	Country		Trust Fund Contribution This corporation over at h			
2ip 33/22 Country 25		29 30			8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No			
	9. Name and Address of Current I	the contract of the contract o			10. Name and Address of No		d Agent	
RO	SS M. LEVIN		81 Na	ame				
3325 N.W. 70TH AVE.			82 St	reet Addre	ss (P.O. Box Number is Not Acc	eptable)		
MIAMI FL 33122								
			83					- 1
			84 Ci	ty			85 Zip (Code
	to the provisions of Sections 607 0502 a			<u> </u>		FI		
agent. I a SIGNATURE	egistored agent, or both, in the State of in familiar with, and accept the obligation Signature, bjood or proceedings of registered agents.	ons of, Section 607.0505, Flo	ricla Statutes. Registered Agent sig	· 	when reins(aling)	DATE		
12. 4	OFFICERS AND DIRECTORS DEFEE		13. 11 TITLE		ADDITIONS/CHANGES TO	OFFICERS AN	Change	Addition
NAME	CEO OLSON, WILLIAM T	A	1.2 NAME	- (C Origingo	LJ Padanion
STREET ABDRESS	1751 NW 12 AVE		1.3 STREET ADDR	iFe¢				4
CITY-ST-ZIP	POMPANO BEACH FL 33069		1.4 CITY-ST-ZIP					
TITLE	CO	DELETE	21 TITLE				Change	Addition
NAME .	STEPHEN A. LEVIN		2.2 NAME					į
STREET ADDRESS	44 COCONUT ROW, STE T-8		2.3 STREET ADDRESS					[
CITY-ST-ZIP	PALM BCH FL		2 4 CITY-ST-ZIF	>		· · · · · · · · · · · · · · · · · · ·		
TITLE	TASD	DELETE	3 1 TITLE	1 -			Change	Addition
NAME	MARTIN SWEREN		3.2 NAME	}				
STREET ADDRESS 44 COCONUT ROW, STE T-8			3.3 STREET ADDR	1				
CITY-ST-ZIP	PALM BOH FL	Driete	3 4. CITY - ST - ZIP	CF			Change	Addition
TITLE	CFO	DELETE	4.1 TITLE		FONSO G. FERN.	ANDEZ	TT PIREME	ZX ~OUILION
NAME PARCET ADDRESS	ALAN FINE		4. 2 NAME 4.3 STREET ADDR		LS N.W. 20TH	AVE		}
STREET ADDRESS	3325 NW 70 AVE. MIAMI FL		4.3 STREET ADUR			122		}
CITY-ST-ZIP TITLE	P	DELETE	5.1 Title	1000	71-11-C.	-	Change	Addition
NAME	DON B. SHAVER		5.2 NAME	1			- •	· ·
STREET ADDRESS	1 7 7 7 7 7 7 1 7 1 7 1 7 1 7 1 7 1 7 1		5 3 STREET ADDR	ess]				1
CITY-ST-ZIP	POMPANO BCH FL		5.4 CITY-ST-ZIP	1				j
TITLE	\$	☐ DELETE	6.1 TITLE				Change	Addition
NAME	ROSS M. LEVIN		6.2 NAME	Ì				}
STREET ADDRESS	3325 NW 70 AVE.		63 STREET ADDR	fss				1
CITY-ST-ZIP	MIAMI FL		6.4 CITY-ST-ZIP					

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 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 of 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 hanged, or on an altachymnity with an address

SIGNATURE:

FILED

Feb 16 1998 8:00am

Secretary of State