

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

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**May 01 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # **F94000000146 (0)**
1. Corporation Name
SNAPPLE BEVERAGE CORP.



DO NOT WRITE IN THIS SPACE

Principal Place of Business: 321 N. CLARK STREET, P. O. BOX 049001, #25-3, CHICAGO IL 60604-9001, US
Mailing Address: 321 N. CLARK STREET, P. O. BOX 049001, #25-3, CHICAGO IL 60604-9001, US

3. Date Incorporated or Qualified: 11/29/1993

2. Principal Place of Business: 709 Westchester Avenue, Suite, Apt. #, etc.
2a. Mailing Address: 709 Westchester Avenue, Suite, Apt. #, etc.

4. FEI Number: 04-3149065
Applied For: Not Applicable

22. City & State: White Plains, NY

5. Certificate of Status Desired: \$8.75 Additional Fee Required

23. City & State: White Plains, NY

6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

24. Zip: 10604, Country: US

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 Registered Agent: C T CORPORATION SYSTEM, 1200 S. PINE ISLAND RD., 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, 85 Zip Code: FL

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: _____ DATE: _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	1.1 TITLE	PD
NAME	DOYLE, JAMES F	1.2 NAME	Ernest J. Cavallo
STREET ADDRESS	321 N. CLARK ST.	1.3 STREET ADDRESS	709 Westchester Avenue
CITY-ST-ZIP	CHICAGO IL	1.4 CITY-ST-ZIP	White Plains, NY 10604
TITLE	PD	2.1 TITLE	V
NAME	UZZI, DONALD R	2.2 NAME	Robert J. Crowe
STREET ADDRESS	321 N. CLARK ST.	2.3 STREET ADDRESS	280 Park Avenue
CITY-ST-ZIP	CHICAGO IL	2.4 CITY-ST-ZIP	New York, NY 10017
TITLE	PT	3.1 TITLE	V
NAME	COOPER, JANET	3.2 NAME	Richard Allen
STREET ADDRESS	321 N. CLARK ST.	3.3 STREET ADDRESS	709 Westchester Avenue
CITY-ST-ZIP	CHICAGO IL	3.4 CITY-ST-ZIP	White Plains, NY 10604
TITLE	V	4.1 TITLE	T
NAME	GETTINGS, THOMAS L	4.2 NAME	Thomas E. Shultz
STREET ADDRESS	321 N. CLARK ST.	4.3 STREET ADDRESS	280 Park Avenue
CITY-ST-ZIP	CHICAGO IL	4.4 CITY-ST-ZIP	New York, NY 10017
TITLE	V	5.1 TITLE	S
NAME	JARTZ, JOHN G	5.2 NAME	Stuart I. Rosen
STREET ADDRESS	321 N. CLARK ST.	5.3 STREET ADDRESS	280 Park Avenue
CITY-ST-ZIP	CHICAGO IL	5.4 CITY-ST-ZIP	New York, NY 10017
TITLE	V	6.1 TITLE	D
NAME	KOSS, ALAN	6.2 NAME	Michael F. Weinstein
STREET ADDRESS	321 N. CLARK ST.	6.3 STREET ADDRESS	709 Westchester Avenue
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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 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: Robert J. Crowe, Asst. VP-Taxes, 4/15/98, 212-451-3115

CR2E034 (10/97)