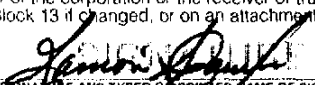


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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Secretary of State

| PROFIT CORPORATION ANNUAL REPORT 1997                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  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                                                                                                        | FLORIDA DEPARTMENT OF STATE<br>Sandra B. Mortham<br>Secretary of State<br>DIVISION OF CORPORATIONS                                                                                                                                                                                                                                                                                                                                                                                                          |  |
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| <b>DOCUMENT # G46039 (5)</b><br>1. Corporation Name<br><b>THE FLORIDA BREWERY, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     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| Principal Place of Business<br><b>202 GANDY RD.<br/>BOX 6<br/>AUBURDALE FL 33823</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   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Address<br><b>202 GANDY RD.<br/>BOX 6<br/>AUBURDALE FL 33823-0006</b>           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        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| 2. Principal Place of Business<br>21 Suite, Apt #, etc.<br>22 City & State<br>23 Zip<br>24 Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | 2a. Mailing Address<br>26 Suite, Apt #, etc.<br>27 City & State<br>28 Zip<br>29 Country |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 3. Date Incorporated or Qualified<br><b>06/23/1983</b><br>3a. Date of Last Report<br><b>01/23/1996</b><br>4. FEI Number<br><b>59-2295336</b><br>5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required<br>6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees<br>8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| 9. Name and Address of Current Registered Agent<br><b>CAMPOS, RAMON S.<br/>202 GANDY ROAD<br/>AUBURDALE FL 33823</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                         | 10. Name and Address of New Registered Agent<br>81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>84 City<br>85 Zip Code<br><b>FL</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               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| 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.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              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| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          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| 12. OFFICERS AND DIRECTORS<br>TITLE NAME STREET ADDRESS CITY-ST-ZIP<br>1. PD CAMPOS, RAMON S. 202 GANDY ROAD AUBURDALE FL<br>2. <input type="checkbox"/> DELETE<br>3. <input type="checkbox"/> DELETE<br>4. <input type="checkbox"/> DELETE<br>5. <input type="checkbox"/> DELETE<br>6. <input type="checkbox"/> DELETE<br>7. <input type="checkbox"/> DELETE<br>8. <input type="checkbox"/> DELETE<br>9. <input type="checkbox"/> DELETE<br>10. <input type="checkbox"/> DELETE<br>11. <input type="checkbox"/> DELETE<br>12. <input type="checkbox"/> DELETE<br>13. <input type="checkbox"/> DELETE<br>14. <input type="checkbox"/> DELETE<br>15. <input type="checkbox"/> DELETE<br>16. <input type="checkbox"/> DELETE<br>17. <input type="checkbox"/> DELETE<br>18. <input type="checkbox"/> DELETE<br>19. <input type="checkbox"/> DELETE<br>20. <input type="checkbox"/> DELETE<br>21. <input type="checkbox"/> DELETE<br>22. <input type="checkbox"/> DELETE<br>23. <input type="checkbox"/> DELETE<br>24. <input type="checkbox"/> DELETE<br>25. <input type="checkbox"/> DELETE<br>26. <input type="checkbox"/> DELETE<br>27. <input type="checkbox"/> DELETE<br>28. <input type="checkbox"/> DELETE<br>29. <input type="checkbox"/> DELETE<br>30. <input type="checkbox"/> DELETE<br>31. <input type="checkbox"/> DELETE<br>32. <input type="checkbox"/> DELETE<br>33. <input type="checkbox"/> DELETE<br>34. <input type="checkbox"/> DELETE<br>35. <input type="checkbox"/> DELETE<br>36. <input type="checkbox"/> DELETE<br>37. <input type="checkbox"/> DELETE<br>38. <input type="checkbox"/> DELETE<br>39. <input type="checkbox"/> DELETE<br>40. <input type="checkbox"/> DELETE<br>41. <input type="checkbox"/> DELETE<br>42. <input type="checkbox"/> DELETE<br>43. <input type="checkbox"/> DELETE<br>44. <input type="checkbox"/> DELETE<br>45. <input type="checkbox"/> DELETE<br>46. <input type="checkbox"/> DELETE<br>47. <input type="checkbox"/> DELETE<br>48. <input type="checkbox"/> DELETE<br>49. <input type="checkbox"/> DELETE<br>50. <input type="checkbox"/> DELETE<br>51. <input type="checkbox"/> DELETE<br>52. <input type="checkbox"/> DELETE<br>53. <input type="checkbox"/> DELETE<br>54. <input type="checkbox"/> DELETE<br>55. <input type="checkbox"/> DELETE<br>56. <input type="checkbox"/> DELETE<br>57. <input type="checkbox"/> DELETE<br>58. <input type="checkbox"/> DELETE<br>59. <input type="checkbox"/> DELETE<br>60. <input type="checkbox"/> DELETE<br>61. <input type="checkbox"/> DELETE<br>62. <input type="checkbox"/> DELETE<br>63. <input type="checkbox"/> DELETE<br>64. <input type="checkbox"/> DELETE<br>65. <input type="checkbox"/> DELETE<br>66. <input type="checkbox"/> DELETE<br>67. <input type="checkbox"/> DELETE<br>68. <input type="checkbox"/> DELETE<br>69. <input type="checkbox"/> DELETE<br>70. <input type="checkbox"/> DELETE<br>71. <input type="checkbox"/> DELETE<br>72. <input type="checkbox"/> DELETE<br>73. <input type="checkbox"/> DELETE<br>74. <input type="checkbox"/> DELETE<br>75. <input type="checkbox"/> DELETE<br>76. <input type="checkbox"/> DELETE<br>77. <input type="checkbox"/> DELETE<br>78. <input type="checkbox"/> DELETE<br>79. <input type="checkbox"/> DELETE<br>80. <input type="checkbox"/> DELETE<br>81. <input type="checkbox"/> DELETE<br>82. <input type="checkbox"/> DELETE<br>83. <input type="checkbox"/> DELETE<br>84. <input type="checkbox"/> DELETE<br>85. <input type="checkbox"/> DELETE<br>86. <input type="checkbox"/> DELETE<br>87. <input type="checkbox"/> DELETE<br>88. <input type="checkbox"/> DELETE<br>89. <input type="checkbox"/> DELETE<br>90. <input type="checkbox"/> DELETE<br>91. <input type="checkbox"/> DELETE<br>92. <input type="checkbox"/> DELETE<br>93. <input type="checkbox"/> DELETE<br>94. <input type="checkbox"/> DELETE<br>95. <input type="checkbox"/> DELETE<br>96. <input type="checkbox"/> DELETE<br>97. <input type="checkbox"/> DELETE<br>98. <input type="checkbox"/> DELETE<br>99. <input type="checkbox"/> DELETE<br>100. <input type="checkbox"/> DELETE |  |                                                                                         | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12<br>1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP<br>2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP<br>3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP<br>4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP<br>5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP<br>6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP<br>7.1 TITLE 7.2 NAME 7.3 STREET ADDRESS 7.4 CITY-ST-ZIP<br>8.1 TITLE 8.2 NAME 8.3 STREET ADDRESS 8.4 CITY-ST-ZIP<br>9.1 TITLE 9.2 NAME 9.3 STREET ADDRESS 9.4 CITY-ST-ZIP<br>10.1 TITLE 10.2 NAME 10.3 STREET ADDRESS 10.4 CITY-ST-ZIP<br>11.1 TITLE 11.2 NAME 11.3 STREET ADDRESS 11.4 CITY-ST-ZIP<br>12.1 TITLE 12.2 NAME 12.3 STREET ADDRESS 12.4 CITY-ST-ZIP<br>13.1 TITLE 13.2 NAME 13.3 STREET ADDRESS 13.4 CITY-ST-ZIP<br>14.1 TITLE 14.2 NAME 14.3 STREET ADDRESS 14.4 CITY-ST-ZIP<br>15.1 TITLE 15.2 NAME 15.3 STREET ADDRESS 15.4 CITY-ST-ZIP<br>16.1 TITLE 16.2 NAME 16.3 STREET ADDRESS 16.4 CITY-ST-ZIP<br>17.1 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CITY-ST-ZIP<br>50.1 TITLE 50.2 NAME 50.3 STREET ADDRESS 50.4 CITY-ST-ZIP<br>51.1 TITLE 51.2 NAME 51.3 STREET ADDRESS 51.4 CITY-ST-ZIP<br>52.1 TITLE 52.2 NAME 52.3 STREET ADDRESS 52.4 CITY-ST-ZIP<br>53.1 TITLE 53.2 NAME 53.3 STREET ADDRESS 53.4 CITY-ST-ZIP<br>54.1 TITLE 54.2 NAME 54.3 STREET ADDRESS 54.4 CITY-ST-ZIP<br>55.1 TITLE 55.2 NAME 55.3 STREET ADDRESS 55.4 CITY-ST-ZIP<br>56.1 TITLE 56.2 NAME 56.3 STREET ADDRESS 56.4 CITY-ST-ZIP<br>57.1 TITLE 57.2 NAME 57.3 STREET ADDRESS 57.4 CITY-ST-ZIP<br>58.1 TITLE 58.2 NAME 58.3 STREET ADDRESS 58.4 CITY-ST-ZIP<br>59.1 TITLE 59.2 NAME 59.3 STREET ADDRESS 59.4 CITY-ST-ZIP<br>60.1 TITLE 60.2 NAME 60.3 STREET ADDRESS 60.4 CITY-ST-ZIP<br>61.1 TITLE 61.2 NAME 61.3 STREET ADDRESS 61.4 CITY-ST-ZIP<br>62.1 TITLE 62.2 NAME 62.3 STREET ADDRESS 62.4 CITY-ST-ZIP<br>63.1 TITLE 63.2 NAME 63.3 STREET ADDRESS 63.4 CITY-ST-ZIP<br>64.1 TITLE 64.2 NAME 64.3 STREET ADDRESS 64.4 CITY-ST-ZIP<br>65.1 TITLE 65.2 NAME 65.3 STREET ADDRESS 65.4 CITY-ST-ZIP<br>66.1 TITLE 66.2 NAME 66.3 STREET ADDRESS 66.4 CITY-ST-ZIP<br>67.1 TITLE 67.2 NAME 67.3 STREET ADDRESS 67.4 CITY-ST-ZIP<br>68.1 TITLE 68.2 NAME 68.3 STREET ADDRESS 68.4 CITY-ST-ZIP<br>69.1 TITLE 69.2 NAME 69.3 STREET ADDRESS 69.4 CITY-ST-ZIP<br>70.1 TITLE 70.2 NAME 70.3 STREET ADDRESS 70.4 CITY-ST-ZIP<br>71.1 TITLE 71.2 NAME 71.3 STREET ADDRESS 71.4 CITY-ST-ZIP<br>72.1 TITLE 72.2 NAME 72.3 STREET ADDRESS 72.4 CITY-ST-ZIP<br>73.1 TITLE 73.2 NAME 73.3 STREET ADDRESS 73.4 CITY-ST-ZIP<br>74.1 TITLE 74.2 NAME 74.3 STREET ADDRESS 74.4 CITY-ST-ZIP<br>75.1 TITLE 75.2 NAME 75.3 STREET ADDRESS 75.4 CITY-ST-ZIP<br>76.1 TITLE 76.2 NAME 76.3 STREET ADDRESS 76.4 CITY-ST-ZIP<br>77.1 TITLE 77.2 NAME 77.3 STREET ADDRESS 77.4 CITY-ST-ZIP<br>78.1 TITLE 78.2 NAME 78.3 STREET ADDRESS 78.4 CITY-ST-ZIP<br>79.1 TITLE 79.2 NAME 79.3 STREET ADDRESS 79.4 CITY-ST-ZIP<br>80.1 TITLE 80.2 NAME 80.3 STREET ADDRESS 80.4 CITY-ST-ZIP<br>81.1 TITLE 81.2 NAME 81.3 STREET ADDRESS 81.4 CITY-ST-ZIP<br>82.1 TITLE 82.2 NAME 82.3 STREET ADDRESS 82.4 CITY-ST-ZIP<br>83.1 TITLE 83.2 NAME 83.3 STREET ADDRESS 83.4 CITY-ST-ZIP<br>84.1 TITLE 84.2 NAME 84.3 STREET ADDRESS 84.4 CITY-ST-ZIP<br>85.1 TITLE 85.2 NAME 85.3 STREET ADDRESS 85.4 CITY-ST-ZIP<br>86.1 TITLE 86.2 NAME 86.3 STREET ADDRESS 86.4 CITY-ST-ZIP<br>87.1 TITLE 87.2 NAME 87.3 STREET ADDRESS 87.4 CITY-ST-ZIP<br>88.1 TITLE 88.2 NAME 88.3 STREET ADDRESS 88.4 CITY-ST-ZIP<br>89.1 TITLE 89.2 NAME 89.3 STREET ADDRESS 89.4 CITY-ST-ZIP<br>90.1 TITLE 90.2 NAME 90.3 STREET ADDRESS 90.4 CITY-ST-ZIP<br>91.1 TITLE 91.2 NAME 91.3 STREET ADDRESS 91.4 CITY-ST-ZIP<br>92.1 TITLE 92.2 NAME 92.3 STREET ADDRESS 92.4 CITY-ST-ZIP<br>93.1 TITLE 93.2 NAME 93.3 STREET ADDRESS 93.4 CITY-ST-ZIP<br>94.1 TITLE 94.2 NAME 94.3 STREET ADDRESS 94.4 CITY-ST-ZIP<br>95.1 TITLE 95.2 NAME 95.3 STREET ADDRESS 95.4 CITY-ST-ZIP<br>96.1 TITLE 96.2 NAME 96.3 STREET ADDRESS 96.4 CITY-ST-ZIP<br>97.1 TITLE 97.2 NAME 97.3 STREET ADDRESS 97.4 CITY-ST-ZIP<br>98.1 TITLE 98.2 NAME 98.3 STREET ADDRESS 98.4 CITY-ST-ZIP<br>99.1 TITLE 99.2 NAME 99.3 STREET ADDRESS 99.4 CITY-ST-ZIP<br>100.1 TITLE 100.2 NAME 100.3 STREET ADDRESS 100.4 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.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  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| SIGNATURE:  REQUIRED<br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       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