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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

157709

## FILED May 14 1997 8:00am Secretary of State

| 1. Corporation                              | on Name   | 701  |   |             |  |   |                               |
|---|---|--|---|-------------|--|---|-------------------------------|
| , A   | D   |  |   |             |  |   |                               |
| A-1 BEVERAGE SERVICE, INC.                  |   |  |   |             |  |   |                               |
| Principal Olega of Ourieses                 |   |  |   |             |  |   |                               |
| Principal Place of Business Mailing Address |   |  |   |             |  |   |                               |
|   |   |  |   |             |  |   |                               |
|   |   |  |   |             |  |   |                               |
|   |   |  |   |             | 3. Date Incorporated or Qualified  | 3a. Date of Last I                      | 1                             |
| 2. Principal F                              | Place of Business   | 2a. Mailing Address  |   |             | 4. FEI Number  | 04-26                                   |                               |
| 21 450                                      | L   |  | THE TONE MA                               | DOU         | 59-299643  |   | Applied For<br>Not Applicable |
| Suite, Apt                                  |   | Suite, Apt. #, etc.  |   | OK-II       |  |   | Additional                    |
| 22  |   | 7 Suite - 1-   | erang in Market                           |             | 5. Certificate of Status Desired   | Fee R                                   | Required                      |
| City & Stat                                 | ļ-  | City & State   | <del></del>                               | ŀ           | 6. Election Campaign Financing   |   | May Be                        |
| 23 TAM(                                     | Country   | Za TAMPA   | Country                                   |             | Trust Fund Contribution  |   | to Fees                       |
| <sup>Zp</sup> 336                           | 14 25 45 A  | al 33618   | 30 Li 5 2                                 | a           | 8. This corporation has liability for i  | Yes \[ \] No                            | s. 199.032,                   |
|   | 9. Name and Address of Current Re   | gistered Agent   | 1531 <b>G</b> 7                           | <del></del> | 10. Name and Address of New Re   |   |                               |
| ı   |   |  | 61 Name                                   |             | DERS WALTE   | 2                                       |                               |
|   |   | (P.O. Box Number is Not Acceptab                           |   |             |  |   |                               |
|   |   | 3910   | O N DALEMA                                | 3R4 #1      |  |   |                               |
|   |   |  | 83  |             |  |   |                               |
|   |   |  | 84 City                                   | tan         | \ A \  | FL 85 Zip                               | Code                          |
| 11. Pursuant                                | to the provisions of Sections 607.0502 an   | d 607.1508, Florida Statut                                 | es, the above-named                       | corpora     | It is statement for the parties at t |   | its registered                |
| office or r<br>agent. La                    | to the provisions of Sections 607.0502 an<br>registered agent, or both, in the State of F<br>im amiliar with, and accept the obligation | lorida. Such change was a<br>is of, Section 607.0505, Fig. | authorized by the cor<br>orida Statutes.  | poration    | 's board of directors. I hereby accep  | t the appointment as                    | registered                    |
| SIGNATURE                                   | 1 peter anders  | · W  | ALTER                                     | -           | NDERS  | 4-30-0                                  | 3-7                           |
|   | Signature typed or printed name of registered agent and   |  | E: Registered Agent signature             |             | vhen reinstating)  | DATE                                    | <del></del>                   |
| <b>12.</b><br>TITLE                         | OFFICERS AND DI   | DELETÉ   | 13.<br>1.1 TITLE                          | <u> </u>    | ADDITIONS/CHANGES TO OFFIC   | ERS AND DIRECTOR Change                 | Addition Addition             |
| NAME  | <b>'</b> '  | - Detection  | 1.2 NAME                                  | 30          | NEK CARL   |   | ריין אמטינימוי   פֿ           |
| STREET ADDRESS                              |   | 4  | 1.8 STREET ADDRESS                        | 450         | nes, Carl<br>og W. Kentucky  | AUE                                     |                               |
| CITY-ST 7IP                                 |   |  | 1.4 CITY - ST - ZIP                       | TA          | MPA FL 3361  | 4                                       | 5                             |
| TITLE                                       |   | DELETE   | 2 1 TITLE                                 | D           |  | Change                                  | ☐ Addition <                  |
| NAME  |   |  | 2.2 NAME                                  | JOI         | UES BETTY<br>SQ W KENTUCKY   |   |                               |
| STREET ADDRESS                              |   |  | 2.3 STREET ADDRESS                        | 450         | sq w kentucky  | AUE                                     |                               |
| CITY-ST-ZIP<br>TITLE                        |   | ☐ DELETE   | 2. 4 CITY-\$7 - ZIP<br>3.1 TITLE          | TIA         | MPA, FL 33614  | Change                                  | Addition                      |
| NAME  |   |  | 3.2 NAME                                  | <u>, 21</u> | NET MIND V   | □ change                                | Addition                      |
| STREET ADDRESS                              |   |  |   | 450         | JES, MARK<br>19 W. KENTUCK <sup>L</sup>  | I VA U &                                |                               |
| CITY - ST - 7IP                             |   |  | 34 CITY-ST-ZIP                            |             | MPA Fr 33614   | , |                               |
| THILE                                       |   | ☐ DELETE   | 4.1 TITLE                                 |             |  | Change                                  | Addition                      |
| NAME<br>CERSES ADDRESS                      |   |  | 4. 2 NAME                                 |             |  |   |                               |
| STREET ADDRESS OFFY ST-ZIP                  |   |  | 4.3 STREET ADDRESS                        |             |  |   |                               |
| JULTE<br>CHA 21- VII.                       |   | ☐ DELETE   | 44 CITY-ST-ZIP<br>5 1 TITLE               |             |  | Change                                  | Addition                      |
| NAME.                                       |   |  | 52 NAME                                   |             |  | ☐ Change                                | Magnion                       |
| STREET ADDRESS                              |   |  | 5 3 STREET ADDRESS                        |             |  |   |                               |
| CHY-SI-ZIP                                  |   |  | 54 City-St-ZIP                            |             |  |   |                               |
| Trice                                       |   | ☐ DELETE   | 6.1 TITLE                                 |             |  | ☐ Change                                | Addition                      |
| NAME  |   |  | 62 NAME                                   |             | 60000219   | J686                                    | es                            |
| STREET ADDRESS                              |   |  | 6.3 STREET ADDRESS                        |             | 600002191<br>-05/27/9701001  | 5017                                    | 5114197                       |
| 14. I do heret                              | by certify that the information supplied wit  | h this filing does not ouglif                              | ■ 64 City-St-ZiP<br>v for the exemption s | tated in    | 事件 165 00<br>Section 119 07(30) Forida Statutos  | I further certifu that                  | tho                           |
| Phormano                                    | n indicated on this annual report or suppl  | emental annual report is tr                                | HA AND ACCHIATA AND                       | 'inat mu    | r sianalura shali haya tha sama lagal  | affect as if made up                    | idor onth that                |
| appears i                                   | fficer or director of the corporation or the n Biock 12 or Block 13 if changed, or on a   | an attachment with an add                                  | ress.                                     | iopoit de   | i indelined by Chaptel DOT, Florida St   | audes, and that my f                    | Hall HB                       |
|   | 111 1   | / //   |   |             |  |   |                               |

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF MIGNING OFFICER OR DIRECTOR

Daytime Prione **‡**