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

PROFIT
CORPORATION
ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

15709

A-1 BEVERAGE SERVICE, INC.

FILED May 14 1997 8:00am Secretary of State

			,								
Principal Place of Business Mailing Address											
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						- ⊦	3. Date Incorporated or Quali	liad Tae Da	ite of Last F	Popert	
							02-22-19	1		(996	
2. Principal Place of Business 2a. Mailing Address							4. FEI Number	70 0 4		Applied For	
21 450	19 W K	LITUCKY NUT	26 13910 10	Turo	YOUE MA	RRY	59-29966	134		Not Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.					P1		Additional	
22			27 SUITE " "				5. Certificate of Status Desire	d []	-	Required	
City & State			City & State				6. Election Campaign Financing \$5.00 May Be				
23 TAMPA FZ			28 TAMPA TZ				Trust Fund Contribution			to Fees	
24 Zp331		Country	<u>Zî</u> p	\vdash	buntry		8. This corporation has liability	y for intangible	tax under :	s. 199.032,	
24 5 54	014 25	してA	29 33618	30	<u>, US 1</u>	a	Florida Statutes		No		
ļ	9. Name and	Address of Current F	Registered Agent	·	1041 41		10. Name and Address of Ne	w Registered A	igent		
					81 Name		DERS WALT	جر سير			
							(P.O. Box Number is Not Acci				
						3910		IABRY	<u>#</u> 1		
					83						
					84 City4	<u></u>			B5 Zip	Code	
					~~	MM	\PA	FL	F22.	3618	
11. Pursuant	to the provisions	of Sections 607.0502 a	and 607.1508, Florida Stal	tutes, the	above-named	corpora	ition submits this statement for	the purpose of	changing i	its registered	
agent. I a	am ta miliar with, a	nd accept the obligation	ons of, Section 607.0505,	Florida Sta	atutes.	poration	's board of directors. I hereby a	ccept the appo	intment as	registered	
SIGNATURE	WHEN	buders		NAI	TFR	SA	NDERS	4 -	30-0	} 7	
		ted name of registered agent a	ind title if applicable. (N	IOTE: Register	od Agent signature	e required w	mon re-instating)	DATÉ	•	•	
12.		OFFICERS AND D		13.		T	ADDITIONS/CHANGES TO C	OFFICERS AND		** *******	
TITLE	مرا		☐ DELETE	4	TITLE	$ \mathcal{D} $			L Change	Addition	
NAME					NAME	100	NES, CARL		_		
STREET ADDRESS				1.3 :	STREET ADDRESS	1450	NES, CARL.	C4 40			
CITY-ST-ZIP					CITY-ST-ZIP	TA	MPA FL 330	614			
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STREET ADDRESS	1				STREET ADDRESS	450	sg W KENTUC	KY AU	ε		
CITY-ST-ZIP	ļ <u> </u>				CITY-ST-ZIP	TAY	MPA, FL 336	.14			
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CITY-ST-ZIP	ļ . <u></u>			4.4 (CITY-ST-ZIP						
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CITY-ST-ZIP				640	CITY - ST - ZIP		***165 00 Section 119.07(3)(i), Florida Sta		·	21111/1	
14. I do herel	by certify that the	information supplied w	ith this filing does not qua	alify for the	exemption s	stated in	Section 119.07(3)(i), Florida Sta signature shall have the same	lutes. I further	certify that	the	
l am an o	officer or director of	the corporation or the	receiver or trustee empo	owered to	execute this r	report as	required by Chapter 607, Flori	iega: eifect as i da Statutes; ani	i made uni d that my r	der oath, that name	