FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT



FLORIDA DEPARTMENT OF STATE

| ANNU | RPORATION JAL REPORT 1996 | Sandra Secre | ra B. Mortham etary of State OF CORPORATIONS | | |
|---|--|---|---|--|---|
| 1. Corporation | | 00032982 (| (9) | | |
| RIVER | R CITY BREWING COMPAN | IY | | | ANI BONA BONEB MAND NEW HEID ARAK ARAK ARAK |
| Principal Place | of Business | Mailing Address | | | |
| 835 MUSEUM CIRCLE JACKSONVILLE FL 32202 US | | 835 MUSEAUM CIR JACKSONVILLE FL US | | Date Incorporated or Qualified | 3a. Date of Last Report |
| 2. Principal Pla | ace of Business | 2a. Mailing Address | | 05/05/1993 4. FEI Number | 07/19/1995 |
| 21 | | 26] | | 59-3196451 | Applied For Not Applicable |
| Suite, Apt. # | I, etc. | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | \$8.75 Additional |
| City & State | | Crty & State | | Election Campaign Financing | Fee Required \$5.00 May Be |
| 23 Zip | Country | 28 Zip | T Courte | Trust Fund Contribution | Added to Fees |
| 24 | 25 | 29 | Country 30 | 8. This corporation has liability for in Florida Statutes Yes | |
| | 9. Name and Address of Current | t Registered Agent | | 10. Name and Address of New Re | |
| F&L CORP 200 LAURA ST JACKSONMILLE FL 32202 | | | 83 | dress (P.O. Box Number is Not Acceptable | e) . |
| 44 Diverses to | | | 84 City | | FL 85 Zip Code |
| SIGNATURE | ad agent, or both, in the State of Florids h, and accept the obligations of, Section Signature, brend or printed name of registrated agent a OFFICERS AND | and theifarphoable (NÓ | les, the above named corporated by the corporation's boars. 3. Oth Regelered Agent sgnature require. 13. | | DATE |
| TITLE | D | DELETE | 1.1 TITLE | ADDITIONS/CHANGES TO OFFIC | CERS AND DIRECTORS IN 12 Change Addition |
| NAME STREET ADDRESS | LEE, JEFFREY J. 20 COMMERCE DRIVE, SUIT | ΓE 126 | 1.2 NAME 1.3 STREET ADDRESS | | E Congo E roome. |
| CITY-ST-ZIP TITLE | CRANFORD NJ | ∏ DELFTE | 1.4 CITY - ST - 7IP | | · |
| NAME STREET ADDRESS | LEE, JIM G. 20 COMMERCE DRIVE, SUIT | b-m/ | 2 1 TITLE 2 2 NAME 2 3 STREET ADDRESS | | Change Addition |
| CITY-ST-ZIP TITLE | CRANFORD NJ | DELFTE | 2.4 CITY-S1-ZIP 3.1 TITLE | // | Parks . |
| NAME STREET ADDRESS | | <u></u> | 3 2 NAME 3 3. STHEET ADDRESS | | Change Addition |
| CITY-ST-ZIP | | V. V | 3.4 CITY - S1 - ZIP | | |
| TITLE NAME | | DELETE | 4. 1 TITLE | | Change Addition |
| STREET ADDRESS | | | 4.2 NAME 4.3 STREET ADDRESS | | |
| CITY - ST - ZIP | | | 4.4 C/TY-ST-7/P | | |
| TITLE NAME | | □ DELÉTE | 5. 1 TITLE | | Change Addition |
| STREET ADDRESS | | | 5.2 NAME 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 54 CHY-ST-ZIP | | |
| TITLE NAME | | DELETE | 6 1 TITLE | | Change Addition |
| NAME STREET ADDRESS | 4 | \wedge | 6.2 NAME | | |
| CHTY-ST-ZIP | / | 111 | 6 3 STREET ADDRESS 6 4 CITY - ST - ZIP | | |
| oath; that I a | certify that the information supplied with information indicated on this a must man an officer or director of the carps of slock 12 or Block 13 i' changed a feet of the carps | In this any is when write furnish the supplier white annual provides or mustee an argument with an adding | shed and does not qualify fo ual report is true and accurate empowered to execute this | or the exemption stated in Section 119.07 te and that my signature shall have the sa s report as required by Chapter 607, Florid | '(3)(k). Florida Statutes. I further ame lega' effect as if made under ida Statules; and that my name |

SIGNATURE:

SIGNATURE OND TYPED OF PRIME OF SIGNING OFFICER OR DIRECTOR

Oaytime Phone •

CR2E034 (12/95)