

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

FILED

**Feb 17 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P96000008246 (6)

1. Corporation Name
BREWMASTERS OF LEESBURG INC.



Principal Place of Business: 1227 OSOWAW BLVD. SPRING HILL FL 34607
Mailing Address: 1227 OSOWAW BLVD. SPRING HILL FL 34607-3735

3. Date Incorporated or Qualified: 01/23/1996
3a. Date of Last Report

21	22	23	24	25	26	27	28	29	30	4.	5.	6.	8.	
Principal Place of Business		Mailing Address		FEI Number	Certificate of Status Desired		Election Campaign Financing		This corporation has liability for intangible tax under s. 199.032, Florida Statutes		Applied For	\$8.75 Additional Fee Required	\$5.00 May Be Added to Fees	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
1100 N. 14th St.		7379 Commercial way		69-3357115	<input type="checkbox"/>		<input type="checkbox"/>		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Not Applicable			
Suite, Apt. #, etc.		Suite, Apt. #, etc.												
City & State		City & State												
Leesburg, FL		Spring Hill, FL												
Zip		Country												
34748		LAKE												

9. Name and Address of Current Registered Agent
**POSEY, JOHN
1227 OSOWAW BLVD.
SPRING HILL FL 34607**

10. Name and Address of New Registered Agent

81	Name	Virgilio, Raymond P. C.P.A
82	Street Address (P.O. Box Number is Not Acceptable)	7379 Commercial way
83		
84	City	Spring Hill FL
85	Zip Code	34613

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: *Raymond P. Virgilio CPA* DATE: 2/11/97

12. OFFICERS AND DIRECTORS

TITLE	D	DELETE <input type="checkbox"/>
NAME	FRANKLIN, BRUCE	
STREET ADDRESS	1024 OSOWAW BLVD.	
CITY-ST-ZIP	SPRING HILL FL 34607	
TITLE	D	DELETE <input checked="" type="checkbox"/>
NAME	POSEY, JOHN	
STREET ADDRESS	1227 OSOWAW BLVD.	
CITY-ST-ZIP	SPRING HILL FL 34607	
TITLE	D	DELETE <input type="checkbox"/>
NAME	FRANKLIN, KELLY	
STREET ADDRESS	1024 OSOWAW BLVD.	
CITY-ST-ZIP	SPRING HILL FL 34607	
TITLE	D	DELETE <input checked="" type="checkbox"/>
NAME	POSEY, PATRICIA	
STREET ADDRESS	1227 OSOWAW BLVD.	
CITY-ST-ZIP	SPRING HILL FL 34607	
TITLE		DELETE <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	8427 SUNSET VISTA DR.
1.4 CITY-ST-ZIP	SPRING HILL, FL 34607
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	8427 SUNSET VISTA DR.
3.4 CITY-ST-ZIP	SPRING HILL, FL 34607
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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.

SIGNATURE: *Raymond P. Virgilio (Sec)* DATE: 2-12-97 DAYTIME PHONE: 352-666-0520

CR2E034 (9/96)