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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # **P97000047869**1. Corporation Name

FRESH BEER, INC.

## **FILED** Jan 21, 1999 8:00am Secretary of State 01-21-1999 90076 031 \*\*\*150.00



Principal Plac	e of Business	Maining Address				1			•		•
109 SE 9TH ST 109 SE 9TH ST FT LAUDERDALE FL 33316 FT LAUDERDALE FL 33			2016	•			·	•			
FI LAUUERDAL	LE PL 33316	TI LAUDENDALE TE SO	2010				DO :	NOT WRITE I	N THIS	SPACE	
						3. 1	Date incorporated or	r Qualifed			
						1	05/27/1997				ĺ
2 Deinstral D	lace of Business	2a. Mailing Address					FEI Number			- T A	pplied For
·····	nace of business	<b>⊢</b>				1					
211		26				'	<u>65-0808005                               </u>				ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. (	Certificate of Status I	Desired [	]		Additional equired
City & Stat	e	City & State		-		6	Election Campaign F	inancing		\$5.00	May Be
23		28					Trust Fund Contribut	- 1	]		to Fees
Zip	Country	Zip	Cou	untry			This corporation owe		vear Inte		
— ·	25	29	30	,			Personal Property Ta		year ma	Yes	₩No
24		11	30	Τ	<del> </del>		Name and Address		stered		
	9. Name and Address of Current			81	Name	10.	· ·	of New Roga	310104	· igoin	
CIME	, HEIDE			"							
	SPRING BLUFF PL			82	Street Addre	ess (P.	O. Box Number is N	ot Acceptable)	1		
	DERHILL FL	•		83					194.1	4 /21/20	
	<b></b> .			84	City			A the territory		85 Zip	Code
		and the second			•				FL	.	
11. Pursuant	to the provisions of Sections 607.0502 egistered agent, or both, in the State of	and 607.1508, Florida Sta	atutes, the a	bove	-named corpo	oration	submits this stateme	ent for the purp	ose of	changing its	s registered
office or r agent. I a	registered agent, or both, in the State of im familiar with, and accept the obligation	f Florida. Such change wa ons of, Section 607.0505,	as authorized Florida Stat	d by t tutes.	the corporation	n's boa	ard of directors. I her	еру ассерт ти	e appoir	niment as n	egistered
SIGNATURE											
			MATE De l'Alesse	4 4	-1		antations.				
	Signature, typed or printed name of registered agent a			d Agent	signature required		nstating)		DATE	n nibecti	ODE IN 12
12.	OFFICERS AND	DIRECTORS	13.		signature required		DDITIONS/CHANGE				
12.	OFFICERS AND		13.	ITLE	signature required					D DIRECTO	ORS IN 12
12.	OFFICERS AND D FINE, STEVEN	DIRECTORS	13.	ITLE	signature required		DDITIONS/CHANGE				
12.	OFFICERS AND D FINE, STEVEN 109 SE 9TH ST	DIRECTORS	13. 1.1 π 1.2 N	ITLE AME	signature required		DDITIONS/CHANGE				
12. TITLE NAME	OFFICERS AND D FINE, STEVEN	DIRECTORS	13. 1.1 π 1.2 N 1.3 S	ITLE AME	ADDRESS		DDITIONS/CHANGE			☐ Change	☐ Addition
12. TITLE NAME STREET ADDRESS	OFFICERS AND D FINE, STEVEN 109 SE 9TH ST	DIRECTORS	13. 1.1 π 1.2 N 1.3 S 1.4 C	ITLE AME TREET/ ITY-ST-	ADDRESS		DDITIONS/CHANGE				
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AND  D FINE, STEVEN 109 SE 9TH ST FT LAUDERDALE FL 33316 D	DIRECTORS  DELETE	13. 1.1 Ti 1.2 Ni 1.3 Si 1.4 Ci	ITLE AME TREET/ ITY-ST-	ADDRESS		DDITIONS/CHANGE			☐ Change	☐ Addition
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I 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 frue 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 trastee ampewered 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: