

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

FILED
May 12 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 138432 (0)
1. Corporation Name
NATIONAL BEVERAGES INC



Principal Place of Business 1 PEPSI WAY MD 3N-316 SOMERS, N.Y. 10589-2201	Mailing Address 1 PEPSI WAY MD 3N-316 SOMERS, N.Y. 10589-2201
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 01/09/1940 4. FEI Number 59-0372872 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
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9. Name and Address of Current Registered Agent

UNITED STATES CORPORATION COMPANY
110 NORTH MAGNOLIA STREET
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	FL	85 Zip Code
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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 _____ Signature, typed or printed name of registered agent and title if acceptable (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	P
NAME	BARNES, BRENDA C	1.2 NAME	Craig D. Jung
STREET ADDRESS	1 PEPSI WAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	SOMERS, NY 0	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	
NAME	MUELLER, CHARLES F	2.2 NAME	
STREET ADDRESS	1 PEPSI WAY	2.3 STREET ADDRESS	
CITY-ST-ZIP	SOMERS NY	2.4 CITY-ST-ZIP	
TITLE	TVD	3.1 TITLE	
NAME	CAHILL, JOHN T	3.2 NAME	Peter A. Bridgman
STREET ADDRESS	1 PEPSI WAY	3.3 STREET ADDRESS	
CITY-ST-ZIP	SOMERS NY	3.4 CITY-ST-ZIP	
TITLE	DVS	4.1 TITLE	
NAME	BARTOLO, MARLENE B	4.2 NAME	
STREET ADDRESS	1 PEPSI WAY	4.3 STREET ADDRESS	
CITY-ST-ZIP	SOMERS NY	4.4 CITY-ST-ZIP	
TITLE	V	5.1 TITLE	
NAME	BRIDGEMAN, PETER	5.2 NAME	
STREET ADDRESS	1 PEPSI WAY	5.3 STREET ADDRESS	
CITY-ST-ZIP	SOMERS NY	5.4 CITY-ST-ZIP	
TITLE	V	6.1 TITLE	D
NAME	MUELLEN, PATRICK W	6.2 NAME	Philip A. Morineau
STREET ADDRESS	1 PEPSI WAY	6.3 STREET ADDRESS	
CITY-ST-ZIP	SUTTERS NY	6.4 CITY-ST-ZIP	

14. 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 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 both in appointment with an address.

SIGNATURE _____

CR2E034 (10/97)