

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

0006351

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90110 026 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katharine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 138432

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	2a. Mailing Address 26	3. Date Incorporated or Qualified 01/09/1940	4. FEI Number 59-0372872	Applied For Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
Zip 24	Country 25	7. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No		

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	

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 applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	JUNG, CRAIG D	
STREET ADDRESS	1 PEPSI WAY	
CITY-ST-ZIP	SOMERS, NY 0	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	MUELLER, CHARLES F	
STREET ADDRESS	1 PEPSI WAY	
CITY-ST-ZIP	SOMERS NY	
TITLE	TVD	<input type="checkbox"/> DELETE
NAME	BRIDGMAN, PETER A	
STREET ADDRESS	1 PEPSI WAY	
CITY-ST-ZIP	SOMERS NY	
TITLE	DVS	<input checked="" type="checkbox"/> DELETE
NAME	BARTOLO, MARLENE B	
STREET ADDRESS	1 PEPSI WAY	
CITY-ST-ZIP	SOMERS NY	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MORRISON, PHILIP	
STREET ADDRESS	1 PEPSI WAY	
CITY-ST-ZIP	SUTTERS NY	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Patricia Bellucci	
2.3 STREET ADDRESS	1 Pepsi Way	
2.4 CITY-ST-ZIP	Somers, NY	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Kathryn L. Carson	
4.3 STREET ADDRESS	1 Pepsi Way	
4.4 CITY-ST-ZIP	Somers, NY	
5.1 TITLE	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Geoffrey Kupfershmid	
5.3 STREET ADDRESS	1 Pepsi Way	
5.4 CITY-ST-ZIP	Somers, NY	
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 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 with all other like empowered.

SIGNATURE: Patricia Bellucci Date: 04/30/99 (914) 767-7005
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (1/198)