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Jan 22 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



1-22-97 B-0445-C  
FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 185019 (7)

1. Corporation Name  
FLORIDA BEVERAGE CORPORATION

Principal Place of Business  
3595 SHERIDAN ST  
SUITE 202  
HOLLYWOOD FL 33021

Mailing Address  
3595 SHERIDAN ST  
SUITE 202  
HOLLYWOOD FL 33021-3657



2. Principal Place of Business  
21 2425 Hollywood Blvd  
Suite, Apt. #, etc.

2a. Mailing Address  
2425 Hollywood Blvd  
Suite, Apt. #, etc.

22 City & State  
23 Hollywood, FL  
24 Zip 33020  
25 Country

27 City & State  
28 Hollywood, FL  
29 Zip 33020  
30 Country

3. Date Incorporated or Qualified  
05/05/1955  
3a. Date of Last Report  
01/25/1996  
4. FEI Number  
59-0762244  
Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees  
8. This corporation has liability for Intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent  
FEIDELMAN, STEPHEN M  
3595 SHERIDAN STREET  
SUITE 202  
HOLLYWOOD FL 33021

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
2425 Hollywood Boulevard  
83  
84 City  
FL 85 Zip Code 33020

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: *Stephen Feidelman* STEPHEN FEIDELMAN 1/15/97  
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  
NAME FEINBERG, ELLIOTT L  
STREET ADDRESS 5000 S.W. 93 ST.  
CITY-ST-ZIP MIAMI FL  
TITLE DST  
NAME FEIDELMAN, MILTON J  
STREET ADDRESS 6085 ALTON ROAD  
CITY-ST-ZIP MIAMI BEACH FL  
TITLE VD  
NAME FEIDELMAN, STEPHEN M  
STREET ADDRESS 3595 SHERIDAN ST. #202  
CITY-ST-ZIP HOLLYWOOD FL  
TITLE VD  
NAME FEIDELMAN, SHIRLEY  
STREET ADDRESS 6085 ALTON ROAD  
CITY-ST-ZIP MIAMI BEACH FL  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP  
Change Addition  
Change Addition  
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Change Addition  
Change Addition

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, changed, or on an attachment with an address.

SIGNATURE: *Stephen Feidelman* STEPHEN FEIDELMAN 1/15/97 (954) 927-2889  
Signature Typed or Printed Name of Signing Officer or Director Date Daytime Phone #

CR2E034 (9/96)