

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 365719

(4)

1. Corporation Name

A & S SELTZER, INC.



Principal Place of Business

6348 41ST AVE. N.
ST. PETERSBURG FL 33709

Mailing Address

6348 41ST AVE. N.
ST. PETERSBURG FL 33709

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

g. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

06/16/1970

3a. Date of Last Report

03/06/1995

4. FEI Number

59-1296763

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

10. Name and Address of New Registered Agent

EINSTEIN, SAM
6348 41 AVE N
ST PETERSBURG FL 33709

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 true if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
D LEVY, ALLEN
STREET ADDRESS
6358 41ST AVE NORTH
CITY - ST - ZIP
ST PETERSBURG, FL 00000

TITLE ☐ DELETE

NAME
P EINSTEIN, SAM
STREET ADDRESS
6348 41ST AVE NORTH
CITY - ST - ZIP
ST PETERSBURG, FL 00000

TITLE ☐ DELETE

NAME
D DEVITO, ELAINE M
STREET ADDRESS
2275 E BAY DR 1901B
CITY - ST - ZIP
CLEARWATER, FL 00000

TITLE ☐ DELETE

NAME
D EINSTEIN, ADELE
STREET ADDRESS
6348 41ST AVE NORTH
CITY - ST - ZIP
ST PETERSBURG, FL 00000

TITLE ☐ DELETE

NAME
ST LEVY, HARRIET
STREET ADDRESS
6358 41ST AVE NORTH
CITY - ST - ZIP
ST PETERSBURG, FL 00000

TITLE ☐ DELETE

NAME
D MOSES, SHELLEY TOBY
STREET ADDRESS
6348 41ST AVE NORTH
CITY - ST - ZIP
ST PETERSBURG, FL 00000

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 in an attachment with an address.

SIGNATURE:

SAM EINSTEIN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/96

(813)345-2416

Date

Daytime Phone #

CR2E034 (12/95)