

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

FILED
Feb 10 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 33709-4832

3. Date Incorporated or Qualified 06/16/1970	3a. Date of Last Report 03/11/1996
4. FEI Number 58-1296763	Applied For <input type="checkbox"/> Not Applicable
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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

EINSTEIN, SAM
6348 41 AVE N
ST PETERSBURG FL 33709

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEVY, ALLEN	1.2 NAME	
STREET ADDRESS	6358 41ST AVE NORTH	1.3 STREET ADDRESS	
CITY - ST - ZIP	ST PETERSBURG, FL 00000	1.4 CITY - ST - ZIP	
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EINSTEIN, SAM	2.2 NAME	
STREET ADDRESS	6348 41ST AVE NORTH	2.3 STREET ADDRESS	
CITY - ST - ZIP	ST PETERSBURG, FL 00000	2.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEVITO, ELAINE M	3.2 NAME	
STREET ADDRESS	2275 E BAY DR 1901B	3.3 STREET ADDRESS	
CITY - ST - ZIP	CLEARWATER, FL 00000	3.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EINSTEIN, ADELE	4.2 NAME	
STREET ADDRESS	6348 41ST AVE NORTH	4.3 STREET ADDRESS	
CITY - ST - ZIP	ST PETERSBURG, FL 00000	4.4 CITY - ST - ZIP	
TITLE	ST <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEVY, HARRIET	5.2 NAME	
STREET ADDRESS	6358 41ST AVE NORTH	5.3 STREET ADDRESS	
CITY - ST - ZIP	ST PETERSBURG, FL 00000	5.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOSES, SHELLEY TOBY	6.2 NAME	
STREET ADDRESS	6348 41ST AVE NORTH	6.3 STREET ADDRESS	
CITY - ST - ZIP	ST PETERSBURG, FL 00000	6.4 CITY - ST - ZIP	

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 if changed, or as an attachment with an address.

SIGNATURE: SAM EINSTEIN Res 2/4/97 (813845-2416)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0376328

CR2E034 (9/96)