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**Jan 17 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 647144 (5)

1. Corporation Name
FLORIDA SUNSHINE BEVERAGES, INC.



Principal Place of Business: **3315 N.E. 15TH STREET FORT LAUDERDALE FL 33304**
Mailing Address: **3315 N.E. 15TH STREET FORT LAUDERDALE FL 33304-1707**

3. Date Incorporated or Qualified: **12/05/1979**
3a. Date of Last Report: **02/05/1996**

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

4. FEI Number: **59-1974510**
Applied For: Not Applicable

Suite, Apt #, etc. City & State Zip Country

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

Suite, Apt #, etc. City & State Zip Country

6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

Suite, Apt #, etc. City & State Zip Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

Suite, Apt #, etc. City & State Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HOULE, ANNE MCCORMACK
3315 N.E. 15TH STREET
FORT LAUDERDALE FL 33304**

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

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<input type="checkbox"/> DELETE
NAME	TVD HOULE, AMY A
STREET ADDRESS	3315 NE 15TH STREET FORT LAUDERDALE FL
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	PVS HOULE, ANNE MCCORMACK
STREET ADDRESS	3315 NE 15TH STREET FORT LAUDERDALE FL
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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 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 on an attachment with an address.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/97 9543645822
Date Daytime Phone #

CR2E034 (9/96)