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Secretary of State

03-01-1999 90205 011 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **647144**

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/05/1979

4. FEI Number
59-1974510

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 owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business
 21 **5601 N. POWERLINE ROAD**
 Suite, Apt. #, etc. **106**

2a. Mailing Address
 27 **5601 N. POWERLINE ROAD**
 Suite, Apt. #, etc. **106**

23 **FT LAUDERDALE, FL** 28 **FT LAUDERDALE, FL**

24 **33309** 25 **USA** 29 **33309** 30 **USA**

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name **AMY HOULE CUMMING**

82 Street Address (P.O. Box Number is Not Acceptable)
5601 N. POWERLINE ROAD

83 **#106**

84 City **FT LAUD.** FL 85 Zip Code **33309**

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 _____ DATE **1/29/99**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	SEC/TREAS/DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	AMY HOULE CUMMING	
1.3 STREET ADDRESS	5601 N. POWERLINE ROAD #106	
1.4 CITY-ST-ZIP	FT LAUDERDALE, FL 33309	
2.1 TITLE	PRESIDENT/DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	STEVE CHAMBERS	
2.3 STREET ADDRESS	5601 N. POWERLINE ROAD #106	
2.4 CITY-ST-ZIP	FT LAUDERDALE, FL 33309	
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 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: _____ DATE **1/29/99** DAYTIME PHONE # **9544910004**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (1/1998)