FILE ON OR BEFORE APRIL 9, 1997 TO AVOID REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP



FLORIDA DEPARTMENT OF STATE

SECRETARY OF STATE

1997	Secreta	Secretary of State DIVISION OF CORPORATIONS		DIVISION OF CORPORATIONS	
Name of Limited Partnership	1a. DOCUN A30019	,		97 APR 16 PM 1:30	
SUNCOAST BEVERAGE S	SALES, LTD.		(1840) 1846 1861 9541 9616		
Mailing Address 2996 HANSON STREET FT. MYERS FL 33916	Principal Office Address 2996 HANSON STREET FT. MYERS FL 33916		3. Date Formed or Registered 58. Capital Contributions as Shown on record. \$14,675,117.00		
			38. Date of Last Report 12/11/1995 4. State or Country of Formation	5b. Amount of Capital Contributions in FLORIDA to date:	
2. Mailing Address	2a. Principal Office Address	2a. Principal Office Address		14,675,117.00	
Suite, Apt. #, etc. City & State	Suite, Apt. #, etc.	Suite, Apt. #, etc. City & State		Applied For Not Applicable	
Zip Country	Zip	Country	7. Certificate of Status Desired	\$8.75 Additional Fee Required	
·		·	8, Make check payable to: Dept. of	State (See reverse side for fee Information)	
9, Name and Address	of Current Registered Agent		10. If changed, new Registers	d Agent/Office	
PMBA, INC.		Name	Name		
2996 HANSON ST.		Street Address (P.	O. Box Number I N 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1470276 /3701117005	
FT. MYERS FL 33916		Suite, Apt. #, etc.	*****	41.25 ****541.25	
		City		FL Zip Code	
the purpose of changing its registered off I am familiar with, and accept the obligati		da. Such chánge was auti	orized by its general partner(s). I hereby a	ccept the appointment of registered agent.	
A GENERAL PARTNER	then) THAT IS A CORPORATION, MUST BE REGISTERED A	LIMITED PA	RTNERSHIP OR OTHE	R BUSINESS ENTITY	
11. Name(s) of General Partner(s)	11a. Address of Each Gen-	eral Partner Box Numbers)	City. State & Zip Code	11c. Registration/ Document Number	
PMBA, INC.	2996 HANSON STREE	. 1	FT. MYERS FL 33091	F93000002803	
Amendment filed	4-16-91 -3120 WEST THARPE (STRE	TALLAHASSEE-F L	- P93000001415	
•				al	
Note: General partnersMA	Y NOT be changed on this fo	rm; an amendi	ment must be filed to ch	ange a general partner.	
12. I do hereby certify that the information supp Corporations from any liability of non-comp annual report is true and accurate and that empowered to execute this report as requir	blied with this filing is voluntarily furnished and does i liance with Section 119.07(3)(k) in the event that the my signature shall have the same legal effects as if red by chanter 620, Florida Statutes.	not qualify for the exempt information supplied is d	ion stated in Section 119.07(3)(k), Florida eemed exempt from public access. I turthe	Statutes, I release the Division of r certify that the information indicated on this	
SIGNATURE Muchi	Mitalel		DATE	3/25/97	

01011		
SIGNA	۱14	ハトト

Typed or Printed Name of General Partner Signing Form MICHAEL M. MITCHELL