FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT

1997

Typed or Printed Name of General Partner Signing Form



FLORIDA DEPARTMENT OF STATE

Sandra Mortham

Secretary of State
DIVISION OF CORPORATIONS

TILTED SECRETARY OF STATE IDIVISION OF CORPORATIONS

96 DEC 18 PM 2: 13

			90 0.10	(O) (H) P. 10	
1. Name of Limited Partnership	18 B9500000132				
DAYTONA BEVERAGES LIN	NITED PARTNERSHIP			13114 00111 00111 00111 00111 11000 11110 1111 1001	
Malling Address 406 OAK PLACE PORT ORANGE FL 32127	Principal Office Address 406 OAK PLACE PORT ORANGE FL 32127		3. Date Formed or Registered 04/10/1995	58. Capital Contributions as Shown on record.	
			3a. Date of Last Report 03/06/1996	5b. Amount of Capital Contributions in FLORIDA	
2. Mailing Address	28. Principal Office Address		4. State or Country of Formation DE	to date:	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		Applied For Not Applicable	
City & State	City & State		7. Certificate of Status Desired	\$8.75 Additional	
Zip Country	Zip	Country	——[Fee Required f State (See reverse side for fee information)	
9. Name and Address of Co	urrent Registered Agent		10. If changed, new Registers	ed Agent/Office	
C T CORPORATION SYSTEM		Name			
1200 SOUTH PINE ISLAND ROAD	Street Address Suite, Apt. #, e		ess (P.O. Box Number is Not Acceptable) , etc.		
PLANTATION FL 83324					
		City	<u> </u>	FL Zip Code	
for the purpose of changing its registered off agent. I am familiar with, and accept the oblig SIGNATURE (Registered Agent Accepting Appointme	AT IS A CORPORATION UST BE REGISTERED A	Florida. Such change w	vas authorized by its general partner(s). I her DATE ARTNERSHIP OR OTHE	eby accept the appointment of registered	
11. Name(s) of General Partner(s)	118. (Do NOT Use Post Office	neral Partner e Box Numbers) 11	b. City, State & Zip Code	11c. Registration/ Document Number	
DAYTONA BEVERAGES, INC.	406 OAK PLACE		PORT ORANGE FL 32127	P95000049251	
			-12/38	0410946 078601040014 685.00 ****\$85.00	
Note: General partners MAY I	NOT be changed on this fo	rm; an amend	dment must be filed to ch	ange a general partner.	
12. I do hereby certify that the information supplied Corporations from any liability of non-compliant this annual report is true and accurate and that empowered to execute this report as required to	with this filing is voluntarily furnished and does be with Section 119.07(3)(k) in the event that the my signature shall have the same legal effects by chapter 620, Florida Statutes.	s not qualify for the exer e Information supplied i	mption stated in Section 119.07(3)(k), Florida is deemed exempt from public access. I furth I further certify that I am a General Partner of	Statutes. I release the Division of ner certify that the Information indicated on	
SIGNATUREC. U C	we -	<u></u>	Date	10-10/16	

Daytime Telephone Number