FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUL -3 AM 8:17

DOCUMENT # F86185 (8)

1. Corporation Name
DIVERSIFIED BEVERAGE SYSTEMS INCORPORATED

Principal Place of Business
2416 NE 26TH AVE
FT. LAUDERDALE FL 33305-2716
US

Mailing Address
P.O. BOX 11531
FT. LAUDERDALE FL 33339-1531
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 90 SW 91st Avenue	26 PO Box 15586
Suite, Apt. #, etc 22 Apt. #105	Suite, Apt. #, etc 27
City & State 23 Plantation, FL	City & State 28 Plantation, FL
Zip 24 33324-2559 Country 25 US	Zip 29 33318-5586 Country 30 US

3. Date Incorporated or Qualified: 06/22/1982
3a. Date of Last Report: 08/11/1994
4. FEI Number: 59-2197899 ☐ Applied For ☐ Not Applicable
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 has liability for intangible tax under S. 199.032 Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

ALLSHOUSE-LANDMESSER SUSAN E
2416 NE 26TH AVE
FT. LAUDERDALE FL 33305

10. Name and Address of New Registered Agent

81 Name: SUSAN E. ALLSHOUSE
82 Street Address (P.O. Box Number is Not Acceptable): 90 SW 91st Avenue
83 Apt. #105
84 City: Plantation FL 85 Zip Code: 33324-2559

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 ______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VST	1.1 TITLE	☒ Change ☐ Addition
NAME	ALLSHOUSE-LANDMESSER, SU	1.2 NAME	Susan E. Allshouse
STREET ADDRESS	2416 NE 26TH AVE.	1.3 STREET ADDRESS	90 SW 91st Avenue - Apt. #105
CITY-ST-ZIP	FT. LAUDERDALE FL	1.4 CITY-ST-ZIP	Plantation, FL 33324-2559
TITLE	P	2.1 TITLE	☒ Change ☐ Addition
NAME	ALLSHOUSE-LANDMESSER, SU	2.2 NAME	Susan E. Allshouse
STREET ADDRESS	2416 NE 26TH AVE.	2.3 STREET ADDRESS	90 SW 91st Avenue - Apt. #105
CITY-ST-ZIP	FT. LAUDERDALE FL	2.4 CITY-ST-ZIP	Plantation, FL 33324-2559
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Susan E. Allshouse President 6-27-95 (305)424-6283

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Susan E. Allshouse

DATE 6-27-95 TELEPHONE # (305) 424-6283