## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



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

. I 1881/00 MAK 18160 JUNI BANK BAKK BAKK BAKK BAKK BANK AJAK KATA MUJA JUNI JAK KATA

1996

DOCUMENT # F93000004299 (4)

## MINNESOTA BREWING COMPANY

Frincipal Place of Business Mailing Address										
882 WEST SI ST PAUL MN	EVENTH STREET 55102	882 WEST SEVER St Paul MN 551								
						3. Date incorporated or Qualified 09/23/1993	3a. Date	of Last 3/22/1		
2. Principal Pla	ce of Business	2a. Mailing Address				4. FEI Number 41-1702599		-	Applied For Not Applicable	
Suite, Apt.#	, etc.	Suite, Apt. #, et	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$9.75 Additional			
City & State		City & State	City & State			Election Campaign Financing     Trust Fund Contribution	n Campaign Financing \$5.00 May Be			
Zipi	Country	Zιp	Z <sub>IP</sub> Country			8. This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes No				
25 25 9. Name and Address of Current Reg		29 Registered Agent	L			10. Name and Address of New Registered Agent				
<u> </u>	3. Name and Padress of Carlon	thegistered Agent	8	31	Name	10. Hallo dila Addresa O' Hall II	391010104	April		
DICK, M			8	32	Street Addre	et Address (P.O. Box Number is Not Acceptable)				
MIAMI F	Orthwest 163RD St. L 33169		8	33						
			ā	34	City		EI	85	Zip Code	
	the provisions of Sections 607.0502	and 607.1508. Florida S	talutes, the above	e-n	amed corpora	tion submits this statement for the pur	nose of cha	naina its	s registered office	
or registere	ed agent, or both, in the State of Florid 1, and accept the obligations of, Section	<ul> <li>a. Such change was aut</li> </ul>	horized by the co	rpc	oration's board	of directors. I hereby accept the appo	pintment as	register	ed agent. I am	
SIGNATURE	•									
<b>-</b>	Special, Type of or princed name of registered agent a OF FICE RS AND		(NOTE: Registered A)	l-ne-g	signature required	when reinstating?  ADDITIONS/CHANGES TO OFFI	DATE CEDS AND	DIDECT	CODE IN 12	
12.   1011	D OFFICENS AND	DELETE		<u></u>		ADDITIONS/CHANGES TO OFFI		Change		
NAME	HENDRY, BRUCE E		1.2 NAM		ļ		L		, ROOMEN	
STREET ADDRESS	2305 SHERWOOD CIRCLE				ADDRESS					
CHY-S1-ZIP	DI COMINCTONI MINI CCASA		1.3 STN		i					
THE	P	[] DELETE		2 1 TITLE				Change	e Addition	
NAME:	MCMAHON, RICHARD A		2.2 NAM	1E			_		_	
STREET ADDRESS	612 HIGH RIDGE CIR.		2 3 STRE	EET	ADDRESS					
C/TY+ST+ZIP	MENDOTA HEIGHTS MN		2.4 CITY	2 4 CITY-ST-ZIP						
THE	Vī	DELETE	3 1 TITL	E				Change	e 🔲 Addition	
NAM-	BARRETT, DENNIS P		3 2 NAM	3.2 NAME						
STREET ADDRESS	338 BETTY LANE		33 STR	EET	ADDRESS					
CHY-S1-ZIP	WEST ST PAUL MN 55118		3.4 CITY		I - ZIP					
THE	S DEDO CADOL	DELETE	4 1 TIFL				Ĺ	Change	e [] Addition	
NAM:	BERG, CAROL 100 SECOND ST. SE #406		4.2 NAM							
STREET ADDRESS	MINNEAPOLIS MN 55414				ADDRESS					
. : 0:0Y - 81 - ZiP - 1:01:1	MINITER OLIO MIN 33414	[] DELETE	4 4 CITY 5 1 TITL		I - ZiP			7 Change	e	
NAM:		Ditti	5 7 HR				L	Ti August.	, L Monton	
STREET ADDRESS					ADDRESS					
CITY ST ZIP			5.4 GITY		1					
THE		DELETE	6 1 TITL		-	· · · · · · · · · · · · · · · · · · ·		Change	e 🔲 Addition	
NAME			62 NAM	1E			_			
STREET ADDRESS			6 3 STRE	EFT	ADDRESS					
City - ST - ZiP			6.4 City	′-\$I	T-7:P					
certify that oath, that I	the information indicated on this annua	al report or supplemental ation or the receiver or to	l annual report is rustee empowere	tru	e and accurate	r the exemption stated in Section 119. e and that my signature shall have the report as required by Chapter 607, Fic	same legal	effect as	s if made under	
SIGNAT	URE: SIGNATURE AND TYPED OR	anel Do	Onis P.B	<b>ZA</b> ľ	rett V	lice President Date 1/26/19	اوا) م	)22F aytrile Pho	3-9173	