


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 28 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F94000002783 (8)			
1. Corporation Name SAXER BREWING COMPANY			
Principal Place of Business 5875 SW LAKEVIEW BLVD LAKE OSWEGO OR 97035		Mailing Address 5875 SW LAKEVIEW BLVD LAKE OSWEGO OR 97035-7058	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	
3. Date Incorporated or Qualified 05/26/1994		3a. Date of Last Report 01/31/1996	
4. FEI Number 93-1058249		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
9. Name and Address of Current Registered Agent ANDERSON, MARK L 6548 TANGLEWOOD BAY DRIVE #1824 ORLANDO FL 32821		10. Name and Address of New Registered Agent 81 Name J. Edward Weber, P.A. 82 Street Address (P.O. Box Number is Not Acceptable) 747 N. Washington Blvd. 83 84 City Sarasota FL 85 Zip Code 34236	
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 <i>J. Edward Weber P.A.</i> DATE <i>4/28/97</i> <small>Signature of registered agent and title (if applicable) (NOTE: Registered Agent signature required when reinstalling)</small>			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE SDC <input type="checkbox"/> DELETE NAME GILBERT, KERRY S STREET ADDRESS 5875 SW LAKEVIEW BLVD CITY-ST-ZIP LAKE OSWEGO OR		1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	
TITLE PD <input type="checkbox"/> DELETE NAME GOEBEL, STEVEN C STREET ADDRESS 5875 SW LAKEVIEW BLVD CITY-ST-ZIP LAKE OSWEGO OR		2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
TITLE D <input type="checkbox"/> DELETE NAME GOEBEL, ELIZABETH M STREET ADDRESS 5875 SW LAKEVIEW BLVD CITY-ST-ZIP LAKE OSWEGO OR		3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE D <input type="checkbox"/> DELETE NAME GILBERT, LARRY STREET ADDRESS 5875 SW LAKEVIEW BLVD CITY-ST-ZIP LAKE OSWEGO OR		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS 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	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS 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 do 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, changed, or on an attachment with an address. SIGNATURE: <i>Elizabeth Goebel</i> DATE 4/14/97 503-699-9524 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #</small>			



CR2E034 (9/96)