

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

FILED  
Apr 07 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 # F94000004182 (1)

1. Corporation Name  
BETTER BEVERAGE IMPORTERS CO.



Principal Place of Business  
2700 COVE CAY DR.  
CLEARWATER FL 34620

Mailing Address  
2700 COVE CAY DR.  
CLEARWATER FL 34620-1227

3. Date Incorporated or Qualified  
08/11/1994

3a. Date of Last Report  
04/19/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 PO Box 11970

Suite, Apt. #, etc.

27

City & State

28 Wilmington DE

29

Zip

Country

19850 USA

30

4. FEI Number

59-3267720

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

BINGHAM, ROBERT  
2700 COVE CAY DR  
CLEARWATER FL 34620

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE CP ☐ DELETE  
NAME BINGHAM, PAULINE  
STREET ADDRESS 2700 COVE CAY DR, SUITE 5B  
CITY-ST-ZIP CLEARWATER FL 34620

TITLE STD ☐ DELETE  
NAME BINGHAM, ROBERT  
STREET ADDRESS 2700 COVE CAY DR, SUITE 5B  
CITY-ST-ZIP CLEARWATER FL 34620

TITLE VD ☐ DELETE  
NAME BOGGS, CRAIG  
STREET ADDRESS 141 VINTON CIRCLE  
CITY-ST-ZIP FANWOOD NJ 07023

TITLE T ☐ DELETE  
NAME RENZETTE, LEO  
STREET ADDRESS PO BOX 758 N/A  
CITY-ST-ZIP NEW CASTLE FL

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 if changed, or on an attachment with an address.

SIGNATURE: *Leo Renzette* LEO RENZETTE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/4/97

Daytime Phone #

CR2E034 (9/96)