

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

112

PROFIT CORPORATION ANNUAL REPORT 1997



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

**FILED**

97 APR 28 AM 6:44

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # F94000006406 (2)

1. Corporation Name  
CLAREMONT BEVERAGES SERVICES, INC.



Principal Place of Business Mailing Address  
121 5TH AVE., N., #200 EDMONDS WA 98020  
6900 E. SECOND ST SCOTSDALE, AZ 85251  
121 5TH AVE., N., #200 EDMONDS WA 98020-0162  
SOMG

3. Date Incorporated or Qualified 12/15/1994  
3a. Date of Last Report 05/01/1996  
4. FEI Number 91-1519666  
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

2. Principal Place of Business 2a. Mailing Address  
21 6900 E. SECOND ST 26  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 City & State 27  
23 SCOTSDALE, AZ 28  
City & State  
24 Zip 85251 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent  
\*WOLFE, LARRY  
200 A JOHN KNOX RD.  
TALLAHASSEE FL 32300-0040

10. Name and Address of New Registered Agent  
81 Name CORPORATION SERVICE COMPANY  
82 Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street  
83  
84 City Tallahassee FL 85 Zip Code 32301

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: *Karen B. Rozar* Karen B. Rozar, As Its Agent April 28, 1997  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	DCEO	<input checked="" type="checkbox"/> DELETE
NAME	LEE, EDMOND A	
STREET ADDRESS	121 5TH AVE., N., #200	
CITY-ST-ZIP	EDMONDS WA 98020	
TITLE	PDC	<input checked="" type="checkbox"/> DELETE
NAME	WALJI, MUNIR	
STREET ADDRESS	121 5TH AVE., N., #200	
CITY-ST-ZIP	EDMONDS WA 98020	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	MEYER, RANDY J	
STREET ADDRESS	121 5TH AVE., N., #200	
CITY-ST-ZIP	EDMONDS WA 98020	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	PAUL E. POPEL	
1.3 STREET ADDRESS	6900 E. SECOND STREET	
1.4 CITY-ST-ZIP	SCOTSDALE, AZ 85252	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 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		
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 if changed, or on an attachment with an address.

SIGNATURE: SIGNATURE REQUIRED 4-597 602-874-0706  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)

2/2



ACCOUNT NO. : 072100000032  
REFERENCE : 345496 4312919  
AUTHORIZATION : Patricia Poynt  
COST LIMIT : \$ 165.00

ORDER DATE : April 28, 1997  
ORDER TIME : 10:43 AM  
ORDER NO. : 345496-005  
CUSTOMER NO: 4312919  
CUSTOMER: Jean Fisher, Legal Assistant  
Akerman, Senterfitt & Eidson  
255 S. Orange Ave. / 17th Fl.  
Orlando, FL 32801

ANNUAL REPORT FILING

NAME: CLAREMONT BEVERAGES SERVICES, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Deborah Schroder

EXAMINER'S INITIALS: \_\_\_\_\_

RECEIVED  
97 APR 28 PM 12:25  
DIVISION OF CORPORATION