

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # F94000006406 (2)

1. Corporation Name

CLAREMONT BEVERAGES SERVICES, INC.

Principal Place of Business

Mailing Address

121 5TH AVE., N., #200  
EDMONDS WA 98020

121 5TH AVE., N., #200  
EDMONDS WA 98020-0162

6900 E. SECOND ST  
SCOTTSDALE, AZ 85251

SAM 6

2. Principal Place of Business

2a. Mailing Address

21 6900 E. SECOND ST

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

28 City & State

SCOTTSDALE, AZ

24 Zip

25 Country

85251

29 Zip

30 Country

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

12/15/1994

3a. Date of Last Report

05/01/1996

4. FEI Number

91-1519666

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

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, As Its Agent

April 28, 1997

12. OFFICERS AND DIRECTORS

1.1 TITLE

NAME  
LEE, EDMOND A  
STREET ADDRESS  
121 5TH AVE., N., #200  
CITY-ST-ZIP  
EDMONDS WA 98020

1.2 TITLE

NAME  
WALJI, MUNIR  
STREET ADDRESS  
121 5TH AVE., N., #200  
CITY-ST-ZIP  
EDMONDS WA 98020

1.3 TITLE

NAME  
MEYER, RANDY J  
STREET ADDRESS  
121 5TH AVE., N., #200  
CITY-ST-ZIP  
EDMONDS WA 98020

1.4 TITLE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.5 TITLE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.6 TITLE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME  
PRESIDENT  
PAUL E. POPEL  
6900 E. SECOND STREET  
SCOTTSDALE, AZ 85252

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-547

602-874-0706

Date Daytime Phone #

FILED

97 APR 28 AM 6:14

SECRETARY OF STATE  
TALLAHASSEE FLORIDA



CR2E034 (9/96)

2/2



**THE UNITED STATES  
CORPORATION  
COMPANY**

ACCOUNT NO. : 072100000032

REFERENCE : 345496 4312919

AUTHORIZATION : *Patricia Pzyt*

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