


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

FILED

Feb 12 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 # F95000006285 (9)			
1. Corporation Name NATURALLE SPRINGS, INC.			
Principal Place of Business 3550 N.W. 110TH STREET MIAMI FL 33167 1616 Industrial Road Greenville TN 37745		Mailing Address 3595 3550 N.W. 110TH STREET MIAMI FL 33167-3724	
2. Principal Place of Business 21 1616 Industrial Road		2a. Mailing Address 26 3595 NW 110th Street	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22 City & State 23 Greenville, TN		27 City & State 28 MIAMI, FL	
24 Zip 37745		29 Zip 33167	
Country 25 USA		Country 30 USA	
9. Name and Address of Current Registered Agent KTG&S REGISTERED AGENT CORP. 100 S.E. 2ND STREET, 28TH FL MIAMI FL 33131		10. Name and Address of New Registered Agent	
81 Name		82 Street Address (Post Office Box is Not Acceptable)	
83		84 City	
85 Zip Code		86	
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 and the acceptance of the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. BEVERAGE CANNERS INTL. CORP. MIAMI, FLORIDA 33167			
SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____			
12. OFFICERS AND DIRECTORS			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE			
1.2 NAME			
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			
Date: _____ Daytime Phone #: _____			



PAID

FEB 03 1997

FL

Zip Code

CR2E034 (9/96)