SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F96000001410 (7)

AMERICAN HARD CIDER COMPANY, INC.

FILED Aug 19 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 20 PARK PLAZA STE 836-937 2345 WASHINGTON STREET BOSTON MA 02116 **NEWTON LOWER FALLS MA 02162** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/20/1996 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 26 Park Plaza, Ste. 931-937 04-3176598 21 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Beston 23 Trust Fund Contribution Added to Fees Country Country Zip 8. This corporation owes or has paid the current year Intarcible Personal Property Tax due June 30. Yes You No Zip 02116 Inted States Personal Property Tax due June 30. 24 29 25 9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent **B1** Name C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD Street Address (P.O. Box Number is Not Acceptable) 82 PLANTATION FL 33324 83 84 City Zin Code 85 Pursuant to the provisions of sections 607.0502 and 607.1508, Fiorida 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 CR2E034 (5/98) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. TITLE 1.1 TITLE DELETE Change ___ Addition FLYNN, EDWARD K NAME 1.2 NAME **200 NEWTON STREET** STREET ADDRESS 1.3 STREET ADDRESS WESTON MA 02193 1.4 CITY-ST-ZIP CITY-ST-ZIP ASAC 2.1 TITLE DELETE ___ Change ___ Addition CHORY, JOHN H NAME 2.2 NAME **300 MERRIAM STREET** 2.3 STREET ADDRESS STREET ADDRESS WESTON MA 02193 2.4 CITY-ST-ZIP CITY-ST-ZIF TITLE DELETE 3.1 TITLE Change Addition FLYNN, PAUL L JR NAME 3.2 NAME 330 BEACON STREET, #93 3.3 STREET ADDRESS STREET ADDRESS **BOSTON MA 02116** CITY-ST-ZIP 3.4 CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition VALETTE, JEAN-MICHEL NAME 4.2 NAME 28 MAPLE AVENUE 4.3 STREET ADDRESS STREET ADDRESS **KENTFIELD CA 94904** CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE 5.1 TITLE DELETE ... Change L Addition NAME 5 2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP 61 TITLE TITLE Change DELETE NAME 6.2 NAME STREET ADDRESS 63 STREET ADDRESS 14. I 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 of 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 changes for a state ment with an address.

SIGNATURE