

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

FILED
Feb 02 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra S. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F96000002458 (5)
 1. Corporation Name
FREDERICK BREWING CO.



Principal Place of Business 4607 WEDGEWOOD BLVD FREDERICK MD 21703 US	Mailing Address 4607 WEDGEWOOD BLVD FREDERICK MD 21703 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	30 Country

3. Date Incorporated or Qualified 05/16/1996	
4. FEI Number 52-1769647	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
526 E. PARK AVE.
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 _____ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> DELETE
NAME	BRANNON, KEVIN E	
STREET ADDRESS	125 W 2ND STREET	
CITY-ST-ZIP	FREDERICK MD	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	MCGINNIS, MARJORIE A	
STREET ADDRESS	125 W 2ND STREET	
CITY-ST-ZIP	FREDERICK MD	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	O'CONNOR, CRAIG J	
STREET ADDRESS	107 ALESSANDRA CT., #202	
CITY-ST-ZIP	FREDERICK MD	
TITLE	V	<input type="checkbox"/> DELETE
NAME	NORDAHL, STEVEN T	
STREET ADDRESS	8118 CAMBRIDGE DRIVE	
CITY-ST-ZIP	FREDERICK MD	
TITLE	D	<input type="checkbox"/> DELETE
NAME	VISCO, MARIBETH	
STREET ADDRESS	8057 OLD RECEIVER RD	
CITY-ST-ZIP	FREDERICK MD	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FORIS, NICHOLAS	
STREET ADDRESS	900 CARROLL PKWY	
CITY-ST-ZIP	FREDERICK MD	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Brannon, Kevin E.	
1.3 STREET ADDRESS	3439 Buckeystown Pike	
1.4 CITY-ST-ZIP	Buckeystown, MD 21717	
2.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	McGinnis, Marjorie A.	
2.3 STREET ADDRESS	3439 Buckeystown Pike	
2.4 CITY-ST-ZIP	Buckeystown, MD 21717	
3.1 TITLE	CFO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Harper, Leslie P.	
3.3 STREET ADDRESS	1206 Autumn Place	
3.4 CITY-ST-ZIP	Herndon, VA 22070-4101	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	VP-Sales	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Patrick N. Helsel	
4.3 STREET ADDRESS	242 E Church St Apt 2	
4.4 CITY-ST-ZIP	Frederick MD 21701	
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 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: _____ **1/5/98 (32) 694-7899**

CR2E034 (10/97)