

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 # **F97000001675 (4)**
1. Corporation Name

COMPLETE PRIDE BEVERAGES INC.

Principal Place of Business

**1887 MCFARLAND RD
ALPHARETTA GA 30202**

Mailing Address

**1887 MCFARLAND RD
ALPHARETTA GA 30202**

98 JUL 27 AM 10:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/02/1997

4. FEI Number

58-2130489

Applied For
Not Applicable

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip **30005** Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip **30005** Country

9. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DP** ☐ DELETE

NAME **MONTANA, JAIME**
STREET ADDRESS **17858-68TH AVE**
CITY-ST-ZIP **SURREY, BC V3S 7X1**

TITLE **DS** ☐ DELETE

NAME **STRIKE, C GLEN**
STREET ADDRESS **505 CONSUMERS RD #801**
CITY-ST-ZIP **WILLOWDALE, ONTARIO M2J 4V8**

TITLE **D** ☒ DELETE

NAME **JOYNT, PETER**
STREET ADDRESS **70 UNIVERSITY AVE #1400**
CITY-ST-ZIP **TORONTO, ONTARIO M5J 2M4**

TITLE **T** ☐ DELETE

NAME **CUNNINGHAM, ROGER**
STREET ADDRESS **17858-68TH AVE**
CITY-ST-ZIP **SURREY, BC V3S 7X1**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME **600002600646--4**

1.3 STREET ADDRESS **-07/28/98--01071--020**

1.4 CITY-ST-ZIP *******550.00 *****550.00**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME **D Barry Vontif**

3.3 STREET ADDRESS **70 University Ave #1400**

3.4 CITY-ST-ZIP **Toronto, Ontario M5J 2M4**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME **36 1-2**

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

Jaime Montana

Director, President

Jul. 15/98

(604)576-6886

018216

CR2E034 (5/98)