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

BEACH	MENI # F98489 BOOZE, INC.	(0)			
Principal Place of Business 11100 66TH ST N #16 LARGO FL 34643		Mailing Address 11100 66TH ST N ≱16 LARGO FL 33773-5505			
					Date of Last Report 4/23/1996
2. Principal F 21	Place of Business	2a. Mailing Address 26		4. FEI Number 59-2247987	Applied For Not Applicable
Suite. Apt	#, etc	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Sta	le	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Z(p	Country 25	Zip 29	Country 30	8. This corporation has liability for intanging Florida Statutes X Yes	ible tax under s. 199.032,
	9. Name and Address of Curren	t Registered Agent		10. Name and Address of New Register	ed Agent
	HIESON, STEPHEN W		81 Name		
11100 66TH ST N #16 LARGO FL 34643			82 Street Ad	Idress (P.O. Box Number is Not Acceptable)	
			83		
			84 City	F	
office or agent 1; SIGNATURE	terhenty - IV	attuation (NO	authorized by the corporation of	orporation submits this statement for the purpos ration's board of directors. I hereby accept the accept the directors of the purpose received when reinstating. ADDITIONS/CHANGES TO OFFICERS A	797
TOLE	STD	DELETE	1.1 TITLE	ADDITIONS/OFFIANCES TO OFFICE AS A	Change Addition
NAMI	MATHIESON, KERRY B	_	1.2 NAME		
STREET ADDRESS	9230 78TH PLACE, NORTH		1.3 STREET ADORESS		
CITY+S*-7IP	SEMINOLE FL		1.4 CITY - ST - ZIP		
TITLE	PD	☐ DELETE	2.1 TITLE		Change Addition
NAME	MATHIESON, STEPHEN W 9230 78TH PLACE, NORTH		2 2 NAME		
STREET ADDRESS	SEMINOLE FL		2 3 STREET ADDRESS		
CHY-ST-ZIP TITLE	OCMITTALE 12	DELETE	2 4 CITY+ST-ZIP 31 TITLE	and the second s	Change Addition
NAME			32 NAME		
STREET ADDRESS	1		3 3 STREET ADDRESS		
CHTV - S1 - ZIP			3.4. CITY - ST - ZIP		
IIIG		DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
City-St-ZiP		DELETE	4.4 CITY - ST - 7IP 5.1 TITLE		Change Addition
NAME STREET ADDRESS			5.2 NAME 5.3 STREET ADDRESS		
CHY-ST-ZIP			5.4 CITY-ST-ZIP		
TIME		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
1					

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:

FILED

Apr 23 1997 8:00am

Secretary of State