

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **G75502** (6)

1. Corporation Name  
**SOFT DRINK SYSTEMS OF ORLANDO, INC.**



Principal Place of Business  
**C/O DANIEL P. ROONEY  
395 AVE. C. N.W.  
WINTER HAVEN FL 33881-4617**

Mailing Address  
**C/O DANIEL P. ROONEY  
395 AVE. C. N.W.  
WINTER HAVEN FL 33881-4617**

2. Principal Place of Business  
21 **2200 N. Forsyth rd.**  
State: Apt. #, etc.  
22 **A-20**  
City & State  
23 **Orlando, FL.**  
Zip Country  
24 **32807** 25 **U.S.A.**

2a. Mailing Address  
26  
State: Apt. #, etc.  
27  
City & State  
28  
Zip Country  
29 30

3. Date Incorporated or Qualified **12/21/1983** 3a. Date of Last Report **01/24/1995**  
4. FEI Number **59-2390434** 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 has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

**ROONEY, DANIEL P.  
395 AVE. C. N.W.  
WINTER HAVEN FL 33881**

10. Name and Address of New Registered Agent

B1 Name  
B2 Street Address (P.O. Box Number is Not Acceptable)  
B3  
B4 City **FL** B5 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1504, 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 of person authorized to sign this report on the corporation

Signature of Registered Agent (signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS  
1. TITLE: **DVS**  
NAME: **SOMMERVILLE, DIANNE M**  
2. STREET ADDRESS: **1998 BENTWOOD DR**  
CITY, STATE, ZIP: **WINTER PARK, FL 00000**  
3. TITLE: **DPT**  
NAME: **SOMERVILLE, JERRY M**  
4. STREET ADDRESS: **1998 BENTWOOD DR**  
CITY, STATE, ZIP: **WINTER PARK, FL 00000**  
5. TITLE:  DELETE  
6. TITLE:  DELETE  
7. TITLE:  DELETE  
8. TITLE:  DELETE  
9. TITLE:  DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE:  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY, STATE, ZIP  
2.1 TITLE:  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY, STATE, ZIP  
3.1 TITLE:  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY, STATE, ZIP  
4.1 TITLE:  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY, STATE, ZIP  
5.1 TITLE:  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY, STATE, ZIP  
6.1 TITLE:  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY, STATE, ZIP

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Jerry M. Somerville* *Dianne M. Somerville* 2-1-96 671-6108  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE

CR2E034 (12/95)