

06-06-97 01:27PM

TO 614073304018

P003

FILE NOW FILING FEE AFTER MAY 1 IS \$550.00

AMENDED AR  
\$61.25  
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PROFIT CORPORATION ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra R. Mantham Secretary of State DIVISION OF CORPORATIONS
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **G-75502**  
 1. Corporation Name  
**Soft Drink Systems of Orlando, Inc.**

Principal Place of Business Mailing Address  
**2200 N. Forsythe Rd.  
 A-20  
 Orlando, FL 32807**

2. Principal Place of Business	2a. Mailing Address
21. <b>2499 Old Lake Mary Rd.</b>	26. <b>Suite 144</b>
22. <b>Suite 144</b>	27. <b>Sanford FL</b>
23. <b>Sanford FL</b>	28. <b>Sanford FL</b>
24. <b>32771</b>	29. <b>Seminole</b>
25. <b>Seminole</b>	30. <b>32773</b>

3. Date Incorporated or Qualified <b>December 21, 1983</b>	3a. Date of Last Report <b>4/16/97</b>
4. FEI Number <b>59-2390434</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 180.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**Daniel P. Rooney  
 395 Ave. C, N.W.  
 Winter Haven, FL 33881**

10. Name and Address of New Registered Agent

81. Name <b>William L. Mielke</b>
82. Street Address (P.O. Box Number is Not Acceptable) <b>178 Windsor Ct.</b>
83. <b></b>
84. City <b>Sanford</b> <b>FL</b> 85. Zip Code <b>32773</b>

11. Pursuant to the provisions of Sections 607.0502 and 607.1603, 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 *William L. Mielke*  
 Appointed, listed or listed names of registered agents and take applicable (NOTE: Registered Agent signature required when needed)

12. OFFICERS AND DIRECTORS	
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	<b>President, VP, Sec, Treasurer</b>
STREET ADDRESS	<b>Jerry M. Somerville</b>
CITY - ST - ZIP	<b>1803 Summer Wind Dr. Winter Park, FL 32792</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	<b>President, V. P, Sec, Treas.</b>
13 STREET ADDRESS	<b>William L. Mielke</b>
14 CITY - ST - ZIP	<b>178 Windsor Ct. Sanford, FL 32773</b>
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	<b>400002191434-2</b>
23 STREET ADDRESS	<b>-05/09/97-01191-001</b>
24 CITY - ST - ZIP	<b>*****26.25 *****26.25</b>
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	<b>400002191434-2</b>
33 STREET ADDRESS	<b>-05/27/97-01058-018</b>
34 CITY - ST - ZIP	<b>*****35.00 *****35.00</b>
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

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 in person. 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 13 of each 12 of column, or an individual agent with an address.

SECRET