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May 02 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # H16369 (1)

1. Corporation Name:
BEVERAGE SERVICE & EQUIPMENT, INC.

Principal Place of Business
11422 SATELLITE BOULEVARD
ORLANDO FL 32837-9226

Mailing Address
11422 SATELLITE BOULEVARD
ORLANDO FL 32837-9226

3. Date Incorporated or Qualified 08/09/1984	3a. Date of Last Report 03/01/1996
4. FEI Number 69-2443260	<input type="checkbox"/> 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 has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
CARR, DWANE 105 E. ROBINSON ST. STE 301 ORLANDO FL 32801		81 Name JAMES R. KING 82 Street Address (P.O. Box Number is Not Acceptable) 11422 SATELLITE BOULEVARD 83 84 City Orlando FL 85 Zip Code 32837	

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]* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	11 TITLE	12 NAME
UPD	KING, JAMES R.		
STREET ADDRESS	3090 TOHOPEKALIGA DRIVE	13 STREET ADDRESS	
CITY-ST-ZIP	ST. CLOUD FL	14 CITY-ST-ZIP	
TITLE	NAME	2.1 TITLE	2.2 NAME
VSD	KING, CAROL		
STREET ADDRESS	3090 TOHOPEKALIGA DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	ST. CLOUD FL	2.4 CITY-ST-ZIP	
TITLE	NAME	3.1 TITLE	3.2 NAME
T	EVANS, LINDA JOY		
STREET ADDRESS	2215 WHITBY DR.	3.3 STREET ADDRESS	2334 Ruth Lane
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP	Kissimmee, FL 34744
TITLE	NAME	4.1 TITLE	4.2 NAME
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	NAME	5.1 TITLE	5.2 NAME
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	NAME	6.1 TITLE	6.2 NAME
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 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: *[Signature]* REQUIRED 4/1/97 407/857-3818
SIGNATURE AND TITLE FOR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)