


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

PROFIT CORPORATION ANNUAL REPORT 1996		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # H88830 (5) 1. Corporation Name CLASSIC BEVERAGES COMPANY			
Principal Place of Business 11422 SATELLITE BOULEVARD ORLANDO FL 32837-9226		Mailing Address 11422 SATELLITE BOULEVARD ORLANDO FL 32837-9226	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	
3. Date Incorporated or Qualified 12/04/1985		3a. Date of Last Report 03/16/1995	
4. FEI Number 59-2613000		Applied For 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			
9. Name and Address of Current Registered Agent CARR, DWANE 105 E. ROBINSON ST. SUITE 515 ORLANDO FL 32801		10. Name and Address of New Registered Agent 81 Name JAMES R. KING 82 Street Address (P.O. Box Number is Not Acceptable) 11422 Satellite Boulevard 83 84 City Orlando 85 Zip Code FL 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 <i>James R. King</i> 5-1-96			
12. OFFICERS AND DIRECTORS			
TITLE	DP	<input type="checkbox"/> DELETE	
NAME	KING, JAMES R.		
STREET ADDRESS	3090 TOHOPEKALIGA DRIVE		
CITY - ST - ZIP	ST. CLOUD FL		
TITLE	D	<input type="checkbox"/> DELETE	
NAME	KING, CAROL		
STREET ADDRESS	3090 TOHOPEKALIGA DRIVE		
CITY - ST - ZIP	ST. CLOUD FL		
TITLE	DV	<input type="checkbox"/> DELETE	
NAME	COUTANT, EDWARD A.		
STREET ADDRESS	1033 TUSCANY PLACE		
CITY - ST - ZIP	WINTER PARK FL		
TITLE	D	<input type="checkbox"/> DELETE	
NAME	COUTANT, ELEANOR P.		
STREET ADDRESS	1033 TUSCANY PLACE		
CITY - ST - ZIP	WINTER PARK FL		
TITLE	DT	<input type="checkbox"/> DELETE	
NAME	STREET, HAROLD M.		
STREET ADDRESS	300 SOUTH ST.		
CITY - ST - ZIP	FERN PARK FL		
TITLE	DAS	<input type="checkbox"/> DELETE	
NAME	STREET, R. G.		
STREET ADDRESS	300 SOUTH ST.		
CITY - ST - ZIP	FERN PARK FL		
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
<input type="checkbox"/> Change <input type="checkbox"/> Addition			
1. TITLE			
12 NAME			
13 STREET ADDRESS			
14 CITY - ST - ZIP			
2. TITLE			
22 NAME			
23 STREET ADDRESS			
24 CITY - ST - ZIP			
3. TITLE			
32 NAME			
33 STREET ADDRESS			
34 CITY - ST - ZIP			
4. TITLE			
42 NAME			
43 STREET ADDRESS			
44 CITY - ST - ZIP			
5. TITLE			
52 NAME			
53 STREET ADDRESS			
54 CITY - ST - ZIP			
6. TITLE			
62 NAME			
63 STREET ADDRESS			
64 CITY - ST - ZIP			
500001829825 -05/20/96--01056--027 ***200.00			
<input type="checkbox"/> Change <input type="checkbox"/> Addition			
14. I do 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: <i>James R. King</i> 4/19/96 407/857-3818 JAMES R. KING, PRESIDENT			

CR2E034 (12/95)