

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

FILED
Apr 08 1997 8:00am
Secretary of State

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

3. Date Incorporated or Qualified 12/04/1985	3a. Date of Last Report 05/01/1996
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	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

KING, JAMES R.
11422 SATELLITE BOULEVARD
ORLANDO FL 32837-9226

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

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 of officer or director or registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KING, JAMES R.	1.2 NAME	
STREET ADDRESS	3090 TOHOPEKALIGA DRIVE	1.3 STREET ADDRESS	
CITY - ST - ZIP	ST. CLOUD FL	1.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KING, CAROL	2.2 NAME	
STREET ADDRESS	3090 TOHOPEKALIGA DRIVE	2.3 STREET ADDRESS	
CITY - ST - ZIP	ST. CLOUD FL	2.4 CITY - ST - ZIP	
TITLE	DV <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COUTANT, EDWARD A.	3.2 NAME	
STREET ADDRESS	1033 TUSCANY PLACE	3.3 STREET ADDRESS	
CITY - ST - ZIP	WINTER PARK FL	3.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COUTANT, ELEANOR P.	4.2 NAME	
STREET ADDRESS	1033 TUSCANY PLACE	4.3 STREET ADDRESS	
CITY - ST - ZIP	WINTER PARK FL	4.4 CITY - ST - ZIP	
TITLE	DT <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STREET, HAROLD M.	5.2 NAME	
STREET ADDRESS	300 SOUTH ST.	5.3 STREET ADDRESS	
CITY - ST - ZIP	FERN PARK FL	5.4 CITY - ST - ZIP	
TITLE	DAS <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STREET, R. G.	6.2 NAME	
STREET ADDRESS	300 SOUTH ST.	6.3 STREET ADDRESS	
CITY - ST - ZIP	FERN PARK FL	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:

James R. King
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JAMES R. KING PRESIDENT

4-1-97

407/857-3818

Date

Daytime Phone #

CR2E034 (9/96)