FILED

Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90196 001 ***150.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J21345

1. Corporation Name					
SUPERIOR BEVERAGES UNLIMITED, INC.					
		,			
ł					
Principal Place of Business Mailing Address			- I INDIGIO BLIG ILINGI LINES ILIUS BINGI GICI BINGI	i Kigit gibit bibli albit bibit bibit tubi	
770 W GRANAD	A BLVD	770 W GRANADA BLVD			
SUITE 309 SUITE 309				DO NOT WRITE IN T	UC CDACE
ORMOND BEACH FL 32174 ORMOND BEACH FL 32174				DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified	
US		U\$			
ļ				06/25/1986 4. FEI Number	Applied For
	ace of Business	2a. Mailing Address		1	Not Applicable
	Mercers Fernery	Ros Same Suite, Apt. #, etc.		59-2751499	\$8.75 Additional
Suite, Apt.	#, etc.			5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28 Same		Trust Fund Contribution	Added to Fees
Zip	DeLand, FL	Zip	Country	8. This corporation owes the current year	
24 3272			USA	Personal Property Tax.	∐ Yes XIXIVo
241. 32.72	9. Name and Address of Curren	1-01	<u> </u>	10. Name and Address of New Registers	ed Agent
			81 Name		
HAND, JACK G JR			82 Street Add	dress (P.O. Box Number is Not Acceptable)	
200 W FORSYTH ST			62 Sileet Adi	uless (F.O. Box Number is Not Acceptable)	
SUITE 1000			83		
JACKSONVILLE FL 32202					Total 7to Code
			84 City	F	L 85 Zip Code
11 Pursuant	to the provisions of Sections 607.050	2 and 607.1508. Florida Statutes, t	the above-named co	rnoration submits this statement for the purpose	of changing its registered
i office are	opiotorod opport or both in the State :	at Elarida. Such change was autho	KIZEA DV IDE CAMARA	tion's board of directors. I hereby accept the ap-	pointment as registered
agent, ta	m familiar with, and accept the obligat	Button, Coco. 100 acids at a coo.	Statisties.		}
SIGNATURE	Signature, typed or printed name of registered agen	it and title if applicable (NOTE: Reg	istered Agent signature requi	ired when reinstating) DATE	
12.	OFFICERS AN		13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TITLE	DP	₩ DELETE	1.1 TITLE		Change
NAME	ROBERSON, HELENE B.		12 NAME .	<u>`</u>	_
STREET ADDRESS	770 W GRANADA BLVD., #309	- ·	1.3 STREET ADDRESS \		
CITY-ST-ZIP	ORMOND BEACH FL 32174		1.4 CITY-ST-ZIP		. ·-
TITLE	VPT	DELETE:	2.1 TITLE	President	☐ Change ☐ Addition
NAME	HIPPE, STEVEN H		2.2 NAME]	Robert C. Roberson	
STREET ADDRESS	8135 FORSYTH BLVD			2024 Mercers Fernery	Rd.
CITY-ST-ZIP	ST LOUIS MO 63105	Ì		DeLand, FL 32720	_
TITLE	VPS	X DELETE		Secretary	☐ Change ☐ Addition
NAME	ROSS, KIMBALL K.	1		Joanne M. Roberson	
STREET ADDRESS	1 OCEANS BLVD 8B3	Ì		2024 Mercers Fernery	Road
1	DAYTONA BEACH FL 32118	1		DeLand, FL 32720	Nouu
CITY-ST-ZIP TITLE	DATIONA DENOTITE OF 10	☐ DELETE	4.1 TITLE	usualin - Eb - Je / 20	☐ Change ☐ Addition
NAME .		4	4. 2 NAME		
STREET ADDRESS		į	4.3 STREET ADDRESS		
		[4.4 CITY-ST-ZIP		
CITY-ST-ZIP		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
OTDEET ADDRESS		1	5.3 STREET ADDRESS		

14. I 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, with all other like empowered.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

64 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

TO CONCE M. KODELS CO. SIGNATURE AND TYPEDOR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joanne M. Roberson

DELETE

2-24-99--904-8-736-1552

Change

Addition

Daytime Pho

CROED24 (11/08)