FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **FILED** FLOBIDA DEPARTMENT OF STATE Jan 15 1998 8:00am CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # J40874 (6)KEN'S DISCOUNT BEVERAGE, INC. Principal Place of Business Mailing Address % KENNETH KAMINGA % KENNETH KAMINGA PO BOX 1141 P.O. BOX 1141 DO NOT WRITE IN THIS SPACE AUBURNDALE FL 33823 AUBURNDALE FL 33823 3. Date Incorporated or Qualified 1/04/1986 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 26 59-2803638 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 28 Trust Fund Contribution Added to Fees Zìp Country Zip Country 8. This corporation owes or has paid the current year Intangible 29 30 Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name KAMINGA, KENNETH 2101 K VILLE AVE Street Address (P.O. Box Number is Not Acceptable) AUBURNDALE FL 33823 83 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, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE 1.1 TITLE Change

12. Addition TITLE NAME KAMINGA, KENNETH 1.2 NAME 2101 STATE AD 542 K. Will AUX STREET ADDRESS 1.3 STREET ADDRESS AUBURNDALE FL CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE DELETE DST 2.1 TITLE Change ___ Addition NAME KAMINGA, MARGARET 2.2 NAME 2101 K VILLE AVE STREET ADDRESS 2.3 STREET ADDRESS AUBURNDALE FL CITY-ST-ZIP 2. 4 CITY - ST-ZIP DELETE TITLE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIF 3.4. CITY-ST-ZIP DELETE TITLE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE Addition 5.1 TITLE Change 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE TITLE Change 6.1 TITLE Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

14. I hereby certify that the information supplied with this filling 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 changes, or on an attachment with an address. Kaminga

SIGNATURE:X

CITY-ST-ZIP

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