

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT 1996



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

FILED
Jul 19 1996 8:00 am
 Secretary of State

DOCUMENT # K72211 (1)
 1. Corporation Name
SUNSTATE BEVERAGE SYSTEMS, INC.



Principal Place of Business: **1371 SW 8TH ST APT 88 POMPANO BEACH FL 33069**
 Mailing Address: **1371 SW 8TH ST APT 88 POMPANO BEACH FL 33069**

3. Date Incorporated or Qualified: **03/10/1989**
 3a. Date of Last Report: **03/22/1995**
 4. FEI Number: **59-2937931**
 Applied For: Not Applicable
 5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
 6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

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

9. Name and Address of Current Registered Agent
SPEANBURG, DUANE C.
1100 SE 5TH CT. 122 Timberlane
#46
POMPANO BEACH FL 33069 Jupiter, FL 33458

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 typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent Signature required when terminating) DATE: _____

12. OFFICERS AND DIRECTORS		DELETED
TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	SPEANBURG, DUANE C.	
STREET ADDRESS	700 SE 5TH TER	
CITY-ST-ZIP	POMPANO BEACH FL 33062	
TITLE	DVP	<input checked="" type="checkbox"/> DELETE
NAME	MCCUNE, WAYNE E.	
STREET ADDRESS	11526 Dunes Rd	
CITY-ST-ZIP	Boynton, Beach, FL 33436	
TITLE	DVP	<input checked="" type="checkbox"/> DELETE
NAME	SPEANBURG, TIMOTHY D.	
STREET ADDRESS	665 Rosewood Ct.	
CITY-ST-ZIP	Indian Harbor, FL 32937	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
11 TITLE	DP	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12 NAME	Speanburg, Duane C		
13 STREET ADDRESS	122 Timberlane		
14 CITY-ST-ZIP	Jupiter, FL 33458		
21 TITLE	DVP	<input checked="" type="checkbox"/>	<input type="checkbox"/>
22 NAME	McCune, Wayne E.		
23 STREET ADDRESS	11526 Dunes Rd		
24 CITY-ST-ZIP	Boynton Beach, FL 33436		
31 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
32 NAME			
33 STREET ADDRESS			
34 CITY-ST-ZIP			
41 TITLE	DVP	<input checked="" type="checkbox"/>	<input type="checkbox"/>
42 NAME	Speanburg, Timothy D		
43 STREET ADDRESS	6611 Drake Street		
44 CITY-ST-ZIP	Palm Beach Gardens, FL 33418		
51 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
52 NAME			
53 STREET ADDRESS			
54 CITY-ST-ZIP			
61 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
62 NAME			
63 STREET ADDRESS			
64 CITY-ST-ZIP			

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE: *D. C. Speanburg* **D. C. SPEANBURG** 7/15/96 954-946-2155
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Digital Filing #

CR2E034 (3/96)