

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

APPROVED
AND
FILED

22 MAY 24 AM 10:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **K96474 (7)**

1. Corporation Name

TRADER BEVERAGE, INC.

Principal Place of Business

Mailing Address

4039 HWY, 441 S.E.

OKEECHOBEE, FL 34974

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

3a. Date of Last Report

6/19/89
4. FEIN Number
65-0427916

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

10. Name and Address of New Registered Agent

81 Name

JAMES J. HISHON

82 Street Address (P.O. Box Number is Not Acceptable)

83

4039 Hwy 441 SE

84 City

OKEECHOBEE

FL

85 Zip Code

34974

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 or Officer or Director)

NOTE: Registered Agent must be a resident of this state.

DATE

12. OFFICERS AND DIRECTORS

TITLE	T	☐ DELETE
NAME	HISHON, JAMES J.	
STREET ADDRESS	3130 SE 23 St	
CITY-ST-ZIP	OKEECHOBEE, FL 34974	
TITLE	PS	☐ DELETE
NAME	HISHON, LORETTA V.	
STREET ADDRESS	4201 N Dixie Hwy	
CITY-ST-ZIP	FT. LAUDERDALE FL 33334	
TITLE	V.P.	☐ DELETE
NAME	HISHON, G.P.	
STREET ADDRESS	4201 N. Dixie Hwy	
CITY-ST-ZIP	FT. LAUDERDALE FL 33334	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if it is an addition or on an attachment with an address.

SIGNATURE:

Carl Anderson Power of Attorney G.P. Hishon

5/24/96 (954) 772-0292

CR2E034 (12/95)