## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(3)

H & D BEVERAGES, INC.

May 01 1998 8:00am Secretary of State

**FILED** 

|--|

Principal Place of Business Mailing Address					n tannible nin linnu milli maat lank inii alah biku didil milli nini didil didil didil didil didil shak				
2715 BELCOE 322 BUSH HII ORLANDO FL	LL CT.	% NICHOLAS G. HAVES 322 BUSH HILL CT. LAKE MARY FL 32746				DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified  10/26/1989			
US									
	ace of Business	2a. Mailing Address				4. FEI Number		Applied For	
21 322	Bush Hill CT.	26				<b>59-2975280</b> Not Ap			
Suite, Apt. :		Suite, Apt. #, etc.				5. Certificate of Status Desired		5 Additional Required	
City & State	MARY FL.	City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip	Country	Zip	Cou	ntry		8. This corporation owes or has paid the cur		_ ~	
24 3274	6 25 US		30				Yes	L No	
	9, Name and Address of Curren	t Registered Agent		241		10. Name and Address of New Registered	Agent	<del></del>	
	VE8, NICHOLAS G.			B1	Name				
	PBUSH HILL CT.			82	Street Add	ress (P.O. Box Number is Not Acceptable)			
LAH	KE MARY FL 32746			20					
				63					
				84	Cily	FL	<b>85</b> Z	ip Code	
11. Pursuant to office or reagent. Lar SIGNATURE	to the provisions of Sections 607.050; egistered agent, or both, in the State m tamiliar with, and accept the obliga	2 and 607.1508, Florida Statule of Florida. Such change was a trions of, Section 607.0505, Flo	es, the al uthorize rida Stat	bove d by utes	-named corp the corpora -	poration submits this statement for the purpose o tion's board of directors. I hereby accept the app	l changin ointment	g its registered as registered	
SIGNATORE .	Signature, typed or printed name of regelered age	nt and title if applicable (NOTE	: Registere	d Ager	it signature requi	ired when reinstating) DATE			
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICERS AND			
TITLE	DP	☐ DELETE	1.1 Ti				Chang	ge 🔲 Addition	
NAME	HAVES, NICHOLAS G.		1.2 N/						
STREET ADDRESS	322 BUSH HILL CT.				address				
CITY-ST-ZIP	LAKE MARY FL	DELETE	1.4 0		- ZIP		Chang	ge 🔲 Addition	
TITLE	MANGE MADITA D	L' DELETE	21 TI				Criani	ge Addition	
NAME	HAVES, MARITA D.		2.2 N/						
STREET ADDRESS	322 BUSH HILL CT. LAKE MARY FL				address				
CITY-ST-ZIP	LANC MARTIFL	DELETE	2 4 C 3 1 Ti		T- ZIP		☐ Chang	ge Addition	
TITLE			1					ge	
NAME CTOCET ADDOCCO			32 N/		ADDRESS				
STREET ADDRESS									
CITY-ST-ZIP TITLE		DELETE	3 4. C		1-21r		Chang	ge Addition	
NAME			4 2 N						
STREET ADDRESS			1		ADDRESS				
CITY-ST-ZIP			440						
TITLE		DELETE	51 TI				Chang	ge 🔲 Addition	
NAME		_	5 2 N/				·		
STREET ADDRESS			1		ADDRESS				
CITY-ST-ZIP			5 4 CI						
TITLE		DELETE	6111		<del></del>		Chang	ge 🔲 Addition	
NAME		_	62 N						
STREET ADDRESS			1		ADDRESS				
SINEEL MOUNTSS			0.0.01	c. i	1001100				

64CITY-SI-ZIP

14. Thereby 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 of 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.