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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **M11338**

(4)

1. Corporation Name

GOURMET WATER COMPANY, INC.

Principal Place of Business

**1938 E. SUNRISE BLVD.
FT. LAUDERDALE FL 33304**

Mailing Address

**1938 E. SUNRISE BLVD.
FT. LAUDERDALE FL 33304**



2. Principal Place of Business

2a. Mailing Address

21

State, Apt. #, etc.

26

State, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

g. Name and Address of Current Registered Agent

**LEBEL, ALBERT B
17274 BOCA CLUB ROAD
APT. 2305
BOCA RATON FL 33487**

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 607.0602 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 607.0602, Florida Statutes.

SIGNATURE

Signature of Registered Agent (Type or Print Name)

Signature of Officer or Director (Type or Print Name)

Date

12. OFFICERS AND DIRECTORS

TITLE

SD

☐ DELETE

NAME

LEBEL, FELIX

STREET ADDRESS

1515 N.E. TWELVE STREET

CITY, ST., ZIP

FT. LAUDERDALE FL 33304

TITLE

P

☐ DELETE

NAME

LEBEL, ALBERT

STREET ADDRESS

**17274 BOCA CLUB BLVD., APT. 2305
BOCA RATON FL 33487**

CITY, ST., ZIP

BOCA RATON FL 33487

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY, ST., ZIP

TITLE

☐ DELETE

NAME

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NAME

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☐ DELETE

NAME

STREET ADDRESS

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 19.07(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 changed, or on an attachment with an address.

SIGNATURE:

Albert B. Lebel
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Pres.

3/8/96

**(308)
522-4326**

CR2E034 (12/95)