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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

DIVISION OF CORPORATIONS

FILED Mar 16, 1999 8:00 am Secretary of State Katherine Harris Secretary of State

03-16-1999 90026 009 ***150.00

DOCUMENT # M84324 1. Corporation Name A & D BEVERAGE STATION INC.							
ACUB	EVERAGE STATION INC.				I A rrago na a r a abana arrago arak o ar ra	III OKOUK OLOKI AKI	AL BARKA BARKA ABBA
	·						
Principal Place	e of Business	Mailing Address			1 12010011 10/ 10111 0/000 11110 11011 0101 01		
C/O ANIBAL MERCADO C/O ANIBAL MERCADO							
5839 SR 54 NEW PORT RICHEY FL 34652 NEW PORT RICHEY FL 34652 S839 SR 54 NEW PORT RICHEY FL 346			4652		DO NOT WRITE IN T	HIS SPACE	
NEW FORT NO	HET FL 34032	HEN FORT HIGHET TE S	4032		3. Date Incorporated or Qualifed		
					06/02/1988		
2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		65-0055845		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		5 Additional Required	
22		27					
City & State		City & State		6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees			
23) Zin	Country	Zip	Count	trv			ed to 1 ees
Zip Country 25 2		29	· - · · · · · · · · · · · · · · · ·		 This corporation owes the current year Personal Property Tax. 	Yes	□No
24	9. Name and Address of Curre		30		10. Name and Address of New Register		
			8	Name			
	CADO, ANIBAL		-	Street Add	ress (P.O. Box Number is Not Acceptable)		
5839 SR 54			1	Z CHOOK AGG	, 000 (1:0: Box Halliso: 14 Her Hosep 2010)		
NEW PORT RICHEY FL 34652			8	33			}
			8	34 City		. 85 Z	ip Code
				'	-	·L	·
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida State of Florida, Such change was	utes, the abo	ove-named com	poration submits this statement for the purpose on's board of directors. I hereby accept the ap	of changing pointment as	its registered registered
agent. I a	m familiar with, and accept the oblig	ations of, Section 607.0505, F	lorida Statute	es.	, ————————————————————————————————————		
SIGNATURE					ed when reinstating) DATE		
12.	Signature, typed or printed name of registered agent and title if applicable. (NOTE OFFICERS AND DIRECTORS		TE: Registered A	gent signature require	ADDITIONS/CHANGES TO OFFICERS		TORS IN 12
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14. I hereby 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 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, with all other like empowered.

SIGNATURE: