

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 04, 2004 8:00 am**  
**Secretary of State**

05-04-2004 90134 025 \*\*\*158.75

**DOCUMENT # P10124**

1. Entity Name  
NBC BEVERAGE CORP.



Principal Place of Business  
ONE NORTH UNIVERSITY DRIVE  
SUITE 400A  
PLANTATION, FL 33324

Mailing Address  
ONE NORTH UNIVERSITY DRIVE  
SUITE 400A  
PLANTATION, FL 33324

19021026



04202004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-2605822

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

NRAI SERVICES, INC.  
526 EAST PARK AVENUE  
TALLAHASSEE, FL 32301

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be**  
**Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	CAPORELLA, NICK A.
STREET ADDRESS	ONE N. UNIVERSITY DR.
CITY-ST-ZIP	PLANTATION, FL
TITLE	PD
NAME	CAPORELLA, JOSEPH G
STREET ADDRESS	ONE N. UNIVERSITY DR
CITY-ST-ZIP	PLANTATION, FL
TITLE	V
NAME	MCCOY, DEAN
STREET ADDRESS	ONE N. UNIVERSITY DR.
CITY-ST-ZIP	PLANTATION, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

*Dean McCoy*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-30-04 954/581-0922

Daytime Phone #