

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1996.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

PROFIT CORPORATION ANNUAL REPORT 1995



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

FILED
95 JUL 18 AM 10:46
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P29250 (8)

1. Corporation Name
JOSEPH HUBER BREWING CO., INC.

Principal Place of Business 1208 - 14TH AVENUE P.O. BOX 277 MONROE WI 53566	Mailing Address 1208 - 14TH AVENUE P.O. BOX 277 MONROE WI 53566
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DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
	Country 30

3. Date Incorporated or Qualified 05/04/1990	3a. Date of Last Report 04/21/1994
4. FEI Number 39-1633545	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 189.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

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 607.0502 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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HUBER, FREDERICK W.
STREET ADDRESS	3740 N. LAKE SHORE DR
CITY - ST - ZIP	CHICAGO IL
TITLE	V
NAME	KESTLER, HANS G.
STREET ADDRESS	707 MAPLE ROAD
CITY - ST - ZIP	VERONA WI
TITLE	SD
NAME	LORIG, MARVIN B.
STREET ADDRESS	20531 MEADOW LANE
CITY - ST - ZIP	BARRINGTON IL
TITLE	VT
NAME	HARTWIG, T.R.
STREET ADDRESS	2020 - 17TH AVENUE
CITY - ST - ZIP	MONROE WI
TITLE	V
NAME	BAUMGARTNER, KENT L.
STREET ADDRESS	1721 - 15TH STREET
CITY - ST - ZIP	MONROE WI
TITLE	V
NAME	HUBER, MICHAEL
STREET ADDRESS	909 S MAPLE
CITY - ST - ZIP	MT PROSPECT FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	C/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Huber Frederick W.	
1.3 STREET ADDRESS	3740 N. Lake Shore Dr., Apt. 6A	
1.4 CITY - ST - ZIP	Chicago, IL 60613	
2.1 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Robert G. Royko	
2.3 STREET ADDRESS	6714 Carlsbad Drive	
2.4 CITY - ST - ZIP	Madison, WI 53705	
3.1 TITLE	V/S/T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Richard J. Karls	
3.3 STREET ADDRESS	4105 Keeatin Trail	
3.4 CITY - ST - ZIP	Verona, WI 53593	
4.1 TITLE	CFO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Steven R. Preston	
4.3 STREET ADDRESS	P. O. Box 697	
4.4 CITY - ST - ZIP	New Glarus, WI 53574	
5.1 TITLE	D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Leon P. Geiger	
5.3 STREET ADDRESS	1776 Lake Drive	
5.4 CITY - ST - ZIP	Monroe, WI 53566	
6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Michael J. Huber	
6.3 STREET ADDRESS	909 South Maple	
6.4 CITY - ST - ZIP	Mt. Prospect, IL 60056	

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 110.07(3)(b), 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 in an attachment with an address.

SIGNATURE: Steve R. Preston 7/14/95 608-325-3191
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAYTIME PHONE #

CR2E034 (3/95)