-- PROFIT **CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90300 009 ***150.00

DOCUI	MENT # P93000	0013484					
SANT, IN	NC.) <u>(</u>
Principal Place	o of Business	Mailing Address					
		7802 WILES RD					
7802 WILES RD 7802 WILES RD MR BEVERAGE MR BEVERAGE							
CORAL SPRINGS FL 33071 CORAL SPRINGS FL 33071					DO NOT WRITE IN	THIS SPACE	
		U\$			3. Date Incorporated or Qualifed 02/23/1993		
2 Principal P	lane of Rusiness	2a. Mailing Address			4. FEI Number		pulied For
2. Principal Place of Business 2a. Mailing Address 21					65-0390790	 	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				\$8.75	A ditional
22 27					5. Certificate of Status Desired	Fee R	ecluired
City & State City & State					6. Election Campaign Financing		May Be
23			<u></u>		Trust F und Contribution		tc Fees
Zip	Cour try	Zip	Country 30		8. This corporation owes the current ye Personal Property Tax.	ear ntangible ☐Yes	l∃No
24	9 Name and Address of Curre		30		10. Name and Address of New Regist		
	<u>5, 10110 0110 1100 01 0 0 1 0 0 1 0 0 0 1 0</u>		81	Name			
	EL, MINISH M		82	Street Acd	ress (P.O. Box Number is Not Acceptable)		
7802 WILES ROAD			02	Sileer Aco	ress (F.O. box Number is Not Nocopiable)		
COR	AL SPRINGS FL 33071		83				
			84	City		85 Zip	Code
			1	′		FL '	
office cr r	egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida. Such change was ณ ations of, Section 607.0505, Fkor	uthorized by rida Statutes	the corporati	poration submits this statement for the purpo ion's board of cirectors. I hereby accept the	appointment as n	egistered
	Signature, typed or printed name of registered ag		<u> </u>	nt signature requir	ed when reinstating) DA		OF C IN 40
TITLE	P JFFICERS A	NE DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICER	Change	
NAME	PATEL, MINISH M	_	1.2 NAME			-	
STREET ADDRESS	7802 WILES RD			T ADDRESS			
CITY-ST-ZIP	CORAL SPRINGS FL 33071		1.4 CITY-S	T-ZIP			
TITLE	V	☐ DELETE	2.1 TITLE			☐ Change	☐ Addition
NAME	PATEL, MINTU		2.2 NAME				
STREET ADDRESS	7802 WILES RD		2.3 STREE	T ADDRESS			
CITY-ST-ZIP	CORAL SPRINGS FL 33071		2. 4 CITY- 5	ST-ZIP			
TITLE	T	☐ DELETE	3 1 TITLE			Change	Addition
NAME	PATEL, MANU		3.2 NAME	}			
STREET ADDRES S	_			T ADDRESS			
CITY-ST-ZIP TITLE	CORAL SPRINGS FL 33071	□ DELETE	34. CITY-5	1-ZP			☐ Addition
NAME		C. DEELL	4. 2 NAME				
STREET ADDRESS				TADDRESS			
CITY-ST-ZIP			4.4 CITY-S	Y			·
TITLE		☐ DELETE	5,1 TITLE			☐ Change	☐ Addition
NAME	•		52 NAME				
STREET ADDRES 3			5.3 STREE	TADDRESS			Ï
CITY-ST-ZIP			54 CITY-S	T-ZIP			
TITLE		☐ DELETE	6.1 TITLE		- 	☐ Change	Addition
NAME			6.2 NAME				
STREET ADDRESS				TADDRESS			i
	}		84 CITY-S	7-719			ļ

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 a mual report is true and accurate and that my signature shall have the same legal effect as if made uncer 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:

LINITY H PLET