03-02-1999 90057 003 ***450.00

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # POSOCO18750

Principal Place 11 COUNTRY C SHALIMAR FL 3	E'S BEVERAGES, INC. of Business LUB RD 2579	Mailing Addres 11 COUNTRY C SHALIMAR FL 3	LUB RD 12579			DO NOT WRITE IN THE 3. Date Incorporated or Qualifed 03/08/1993 4. FEI Number	IS SPACE	olied For
	lace of Business	ļ,	uleas			51-6526077		Applicable
Suite, Apt.	# etc	Suite, Apt.	#. etc.				\$8.75 A	
 3	m, 610.	27	, 0.0.			5. Certifcate of Status Desired	Fee Req	
City & State		City & Stat	te			6. Election Campaign Financing	\$5.00 N	viav Be
23		28				Trust Fund Contribution	Added to	
Zip	Country	Zip		Country		8. This corporation owes the current year I.	ntangible	
24	25	29	30			Personal Property Tax.		⊿ ₩6
	9. Name and Address of Curre					10. Name and Address of New Registere	d Agent	
FOSSUM, BASIL D 11 COUNTRY CLUB RD SHALIMAR FL 32579 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, t				81 82 83 84	City	dress (P.O. Box Number is Not Acceptable)		
office or n	egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida. Such the ations of, Section 60	ange was autho 7.0505_Elevida	orized by Statutes	the corporat	red when reinstating) ATE Thereby accept the app ATE	98	, stered
12.	OFFICERS A	ND DIRECTORS	ŀ	13.		ADDITIONS/CHANGES TO OFFICERS		
TITLE	D		DELETE	1,1 TITLE			Change	Addition
NAME	FOSSUM, BASIL D			1.2 NAME				•
STREET ADDRESS	11 COUNTRY CLUB RD			1.3 STREET	ADDRESS			
CITY+ST-ZIP	SHALIMAR FL 32579			1.4 CITY-S	T-Z!P			
TITLE			DELETE	2.1 TITLE			Change	☐ Addition
NAME				2.2 NAME				
STREET ADDRESS			· ·	2.3 STREET	ADDRESS			
CITY-ST-ZIP				2. 4 CITY-5	T-ZIP			
TITLE			DELETE	3.1 TITLE			Change	Addition
NAME				3.2 NAME				
STREET ADDRESS				3.3 STREE	F ADDRESS			
CITY-ST-ZIP				3.4. CITY-S	IT-ZIP		=10+	
TITLE		il	DELETE	4.1 TITLE			Change	☐ Addition
NAME				4.2 NAME				
STREET ADDRESS				4.3 STREET	ADDRESS			
CITY-ST-ZIP				4.4 CITY-S	T-ZIP		m7 Chanca	- Addition
TITLE			DELETÉ	5.1 TITLE			Change	☐ Addition
NAME				5.2 NAME				
STREET ADDRESS				5.3 STREE				
CITY-ST-ZIP				5.4 CITY-5	T-ZIP			[] Addition
TITLE	I	1 3	DELETE	6.1 TITLE	ı		Change	Addition

14. 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 it chapted or op an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

6.3 STREET ADDRESS

SIGNATURE:

NAME*

STREET ADDRESS

CITY-ST-ZIP