

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000030961 (5)

1. Corporation Name

THE REFRESHMENT COMPANY, INC.



Principal Place of Business

501 SW 21 TERRACE
SUITE 1
FT. LAUDERDALE FL 33312
US

Mailing Address

501 SW 21 TERRACE
#1
FT. LAUDERDALE FL 33312
US

3. Date Incorporated or Qualified

04/26/1993

3a. Date of Last Report

04/27/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

65-0418416

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WELTMAN, ALLAN J
6776 MONTEGO BAY BLVD
BOCA RATON FL 33433

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

23449 Water Circle

83

Boca Raton

84

City

FL

85

Zip Code

33486

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

(Signature typed or printed name of registered agent and the corporation)

(Typed Name of Registered Agent, Signature, and Date of Appointment)

DATE

12. OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PST
WELTMAN, ALLAN J
6776 MONTEGO BAY BLVD
BOCA RATON FL

☐ DELETE

1.1 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

2.1 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

3.1 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

4.1 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

5.1 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

6.1 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

☐ Change

☐ Addition

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 119.07(3)(k), 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, as changed, on an attachment with an address.

SIGNATURE:

(Signature typed or printed name of signing officer or director)

4/30/96

954-792-3949

CR2E034 (12/95)