

FILE NOW. FEE NOT TO BE REFUNDED AFTER MAT 1ST IS \$300.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000036794

1. Corporation Name

INTERNATIONAL BEVERAGE SYSTEMS, INC.

Principal Place of Business

3919-KIDRON-RD
LAKEBLAND, FL-33811

Mailing Address

c/o-600KE-
108-SE-8-AVE.
LAKEBLAND, FL-33811

2. Principal Place of Business

c/o EUGENE L. COOKE

State, Apt #, etc

108 S.E. 8TH AVE., #114

City & State

FT. LAUDERDALE, FL 33301

Zip

Country

2a. Mailing Address

c/o EUGENE L. COOKE

State, Apt #, etc

108 S.E. 8TH AVE., #114

City & State

FT. LAUDERDALE, FL 33301

Zip

Country

9. Name and Address of Current Registered Agent

EUGENE L. COOKE
108 S.E. 8TH AVE., #114
FT. LAUDERDALE, FL 33301

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

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

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1. TITLE -D- ☐ DELETE	11. TITLE D,C,P,S,T ☒ Change ☐ Addition
2. NAME COOKE, EUGENE L.	12. NAME
3. STREET ADDRESS NEW HARBOR FIN. CORP.	13. STREET ADDRESS
4. CITY-ST-ZIP 108 SE 8TH AVE., #114	14. CITY-ST-ZIP
5. CITY-ST-ZIP FT. LAUDERDALE, FL 33301	21. TITLE
6. TITLE D ☐ DELETE	22. NAME
7. NAME HALL, ROGER E.	23. STREET ADDRESS
8. STREET ADDRESS HALLMARK GROUP-433 PLAZA REAL #275	24. CITY-ST-ZIP
9. CITY-ST-ZIP BOCA RATON, FL	31. TITLE
10. TITLE ☐ DELETE	32. NAME
11. NAME	33. STREET ADDRESS
12. STREET ADDRESS	34. CITY-ST-ZIP
13. CITY-ST-ZIP	41. TITLE
14. TITLE ☐ DELETE	42. NAME
15. NAME	43. STREET ADDRESS
16. STREET ADDRESS	44. CITY-ST-ZIP
17. CITY-ST-ZIP	51. TITLE
18. TITLE ☐ DELETE	52. NAME
19. NAME	53. STREET ADDRESS
20. STREET ADDRESS	54. CITY-ST-ZIP
21. CITY-ST-ZIP	61. TITLE
22. TITLE ☐ DELETE	62. NAME
23. NAME	63. STREET ADDRESS
24. STREET ADDRESS	64. CITY-ST-ZIP

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 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 on an attachment with an address, with all other like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EUGENE L. COOKE,
PRESIDENT

3/8/99
Date

954-764-7149
Daytime Phone #

99 MAR 15 AM 10:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
5/20/93

4. FET Number
59-3184109

Applicable
Not Applicable

5. Estimated State Debt
\$8.75 Additional Fee Required

6. Election Campaign Financing
Trust Fund Contribution
\$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax
☐ Yes ☒ No

10. Name and Address of New Registered Agent