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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

| 19 | 996 | DIVIS | ION OF COR | OITAROS | NS | S | | | |
|---|---|---------------------------|--------------------|----------------------|-------|---------------|--|------------------------|----------------------------------|
| DOCUM | ENT # P930 0 | 0070025 | (0) | | | | | | |
| RIVERVIEW BEVERAGE CASTLE, INC. | | | | | | | | | |
| Principal Place of | Business | Mailing Address | | | | | T 18 BH PB 1 (18 1818 (1114 BANN BANN A | | |
| 9401 U.S.HIGHWAY 301 SOUTH 9401 U.S.HIGHWAY 301 SOUTH | | | | | | | | | |
| RIVERVIEW FL | | | RIVERVIEW FL 33569 | | | | | | |
| | | | | | | | 3. Date Incorporated or Qualified 10/08/1993 | 3a. Date of L 05/01 | ast Report /1995 |
| 2. Principal Place | e of Business | 2a. Mailing Ado | ress | | | | 4. FET Number 59-3203723 | | Not Applicat |
| 1 | | Suite, Apt. #, etc. | | | | | | _ \$ | 8.75 Additional |
| Suite, Apt. #, | etc. | 27 Suite, Apr. | r, etc. | | | | 5. Certificate of Status Desired | | Fee Required |
| City & State | | Gity & State |) | | | | Election Campaign Financing Trust Fund Contribution | | \$5.00 May Be Added to Fees |
| Zip | Country | Zip | | Country | / | , | 8. This corporation has liability for i | ntangible tax ur | iders 199.032, |
| 4] | 25 | 29 | 30 | 0 | | | Florida Statutes Yes 10. Name and Address of New R | | nt |
| | 9. Name and Address of Curr | ent Registered Agen | <u> </u> | 81 | | Name | IV. Halle did Address of New I | | |
| | | | | L | İ | | - New American | Led | |
| WAGNER | | | 82 Street A | | | Street Add | ress (P.O. Box Number is Not Acceptab | | |
| | ONROE STREET | | | 83 | 3 | | | | |
| STE. 500 TALLAHASSEE FL 32301 | | | | 84 City | | | | | 35 Zip Code |
| | | | | 1. | - 1 | - | ration submits this statement for the purard of directors. I hereby accept the app | FL | |
| SIGNATURE | ly and accept the doligations or, collapsed a | gent and the diapplicable | - | | | | of what ter statings ADDITIONS/CHANGES TO OFF | DAN | |
| 12. | | AND DIRECTORS | ELETE | 1 TIFLE | | ·] | | | Onange 🔲 Addit |
| TITLE | d Williams, Elizabeth J | ٠. | | 12 NAME | | | | | |
| NAME STREET ADDRESS | 1802 WAGON WHEEL RO. | AD | | 13 STRE | FLA | LODRESS | | | |
| CITY-ST-ZIP | WIMAUMA FL 33598 | | | 1.4 CITY | - \$1 | - 21P | | | Change |
| TITLE | | | ELETE | 2 1 Tritti | | | | ப | Change 🔲 Addit |
| NAME | | | | 2.2 NAMi | | A D D D V O S | | | |
| STREET ADDRESS | | | | 2.3 STPE | | | | | |
| CITY-ST-ZIP | , | | DELETE | 2.4 City 3.1 Titl | | . 211 | | | Change 🔲 A.fd |
| TITLE | | [_] | | 3 2 NAM | | | | | |
| NAME STREET ADDRESS | | | | 3.3 SIE | EET | ADDRESS | | | |
| CITY-ST-ZIP | | | | 3 4 CiTY | | | | | Cnana D Add |
| TITLE | | | DELETE | 4 1 1011 | | | | LJ | Change |
| NAME | | | | 4.2 NAM | | | | | |
| STREET ADDRESS | | | | | | ADDRESS | | | |
| CITY-ST-ZIP | | г | DELETE | 4.4 CHY 5.1 TH | | 1 - 135 | 1 - 1 1 1 1 1 1 1 1 1 | | Change Add |
| TITLE | | <u> </u> | product to | 5.2 NAN | | | | | |
| NAME | | | | | | ADDRESS | | | |
| STREET ADDRESS | | | | 5.4 CIT | | | | | |
| CITY - ST - ZIP | | | DELETE | 6 1 10 | | T | | | Change [] Add |
| 1 | | | | 6.2 NA* | ME | 1 | | | |

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)(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 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 certify that I am an officer or director of the corporation or this receiver or trustee empowered to execute this report as required by Chapter 607. Florida Statistiss, and that my name appears in Block 12 or Block 13 if charged, or director of the accuracy of the address.

6.3 STREET ADDRESS

€ 4 CITY ST-ZIF

SIGNATURE: _

STREET ADDRESS

TURE AND TYPED OR PHINTED NAME OF SIGNING OFFICER OR DIRECTOR

27 May 96 813677 [863