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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000070025 (0)

RIVERVIEW BEVERAGE CASTLE, INC.

FILED Apr 25 1997 8:00am Secretary of State



Principal Place of Business			Mailing Address				1				
9401 U.S.HIGHWAY 301 SOUTH RIVERVIEW FL 33569			9401 U.S.HIGHWAY 301 SOUTH RIVERVIEW FL 33569-5428								
							3. Date Incorporated or Qualified 10/08/1993		e of Last 1/1996	Report	
2. Principal Place of Business			2a. Mailing Address				4. FEI Number			pplied For	
21			26				59-3203723 Not Applicable				
Sulte, Apt. #, etc.			Suite, Apt #, etc.				5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State			City & State				6. Election Campaign Financing				
23			28				Trust Fund Contribution Added to Fees				
—₁ ^{Zip}	Country		Zip ™1	Coun			This corporation has liability for intangible tax under s. 199.032, Florida Statutes No No				
24	25 Name and Address	29 30 30 4 Address of Current Registered Agent				Florida Statutes No 10. Name and Address of New Registered Agent					
1424		OI COITEIN NE	gistered Agent		81	Name	10. Haile Bild Address of New Ho	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	BOILL		
	GNER, ALAN F					110110		···································	,		
215 S. MONROE STREET STE. 500			82 5			Street Ad	et Address (P.O. Box Number is Not Acceptable)				
	. 500 LAHASSEE FL 32301				83						
Inc	DAMOCE IE OCOU				24				loc l 7:-	Code	
					84	City		FL	85 Zip	1 0008	
11. Pursuant	to the provisions of Section	ns 607 0502 and	d 607.1508, Florida St	atutes, the at	DOVE	e-named co	rporation submits this statement for the p	urpose of	hanging	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 reinstalling) DATE										DO INL 10	
12.		ICERS AND DIF	RECTORS DELETE	13.	T4 F	·····T	ADDITIONS/CHANGES TO OFFIC		Change	Addition	
TITLE	D	11.1		1.1 10						La Augusti	
NAME	WILLIAMS, ELIZABET		1.2 N/								
STREET ADDRESS	1802 WAGON WHEE	L RUAU	•			ADDRESS					
CITY-ST-ZIP	WIMAUMA FL 33598		DELETE			T - ZIP			Change	Addition	
TITLE			וייייייייייייייייייייייייייייייייייייי	2 1 TI 2 2 N/					Orango	L.J Addition	
NAME						ADDRESS					
STREET ADDRESS						ST - ZIP					
CITY-ST-ZIP TITLE			DELETE	3.1 TI		31-211			Change	Addition	
NAME				3.2 N	АМГ					1	
STREET ADDRESS				3.3 S	TREET	ADDRESS					
CITY-ST-ZIP				3.4. C	HY- 8	SY-ZIP					
TITLE			DELETE	4.1 TI	TLE				Change	Addition	
NAME				4. 2 N	ΙΑΜ έ						
STREET ADDRESS				4.3 \$	FREET	ADDRESS					
CITY-ST-ZIP				4.4 CI	ITY-S	IT-ZIP					
TITLE			☐ DELETE	5.1 TI	TLE				Change	☐ Addition	
NAMÉ				5.2 N	AME					İ	
STREET ADDRESS				5.3 \$	TREET	ADDRESS					
CITY-ST-ZIP			·····	5.4 CI	114-5	T- ZIP					
TITLE			☐ DELETE	6.1 TI	TLE				Change	Addition	
NAME				6.2 N	AME						
STREET ADDRESS				6.3 \$	TREE 1	ADDRESS					
CITY-\$T-ZIP				6.4 C	TY-S	ST-ZIP					

I do 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.

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