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 # P93000070025

RIVERVIEW BEVERAGE CASTLE, INC.

Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90195 043 ***150.00



Principal Place	e of Business	Mailing Address							
9401 U.S.HIGHWAY 301 SOUTH		9401 U.S.HIGHWAY 301 SOUTH							
RIVERVIEW FL 33569		RIVERVIEW FL 33569			DO NOT WRITE IN THIS SPACE				
						3. Date Incorporated or Qualifed 10/08/1993			
						10/00/ 1993 4. FEI Number		plied For	
2. Principal Pl	lace of Business	2a. Mailing Address				59-3203723		ot Applicable	
21		26			_	59-3203723	\$8.75		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	Fee Re		
City & State		City & State	7 City & State			6. Election Campaign Financing	\$5.00		
—	e	28				Trust Fund Contribution	Added		
Zip	Country	Zip	Cou	intry		8. This corporation owes the current year in			
	25	29	30	····· ,		Personal Property Tax.	☐Yes	≥ 00	
24	9. Name and Address of Current		100			10. Name and Address of New Registered	Agent		
· ·	5. Italie and Address of Current	togisteres rigent		81 N	ame		· -		
WAG	iner, alan f			82 S		(D.O. D. Al. hard-Nat Assessable)			
	S. MONROE STREET				treet Addre	Address (P.O. Box Number is Not Acceptable)			
STE. 500				83					
TALLAHASSEE FL 32301							85 Zip	Code	
					ity	FL	• · · ·		
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Stati	ites, the a	bove-na	med corpor	ration submits this statement for the purpose of	changing its	registered	
affian ar n	egistered agent, or both, in the State of m familiar with, and accept the obligation	Fiorida, Such change was	aumonzes	บบงบเ	corporation	's board of directors. I hereby accept the appo	ntment as re	gistered	
agent. i ai	m tamiliar with, and accept the obligation	115 01, 3600011 007.0300, 1	onda otat	u103.				ļ	
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable. (NO	E: Registered	Agent sign	nature required	when reinstating) DATE			
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICERS A			
TITLE	D	☐ DELETE	1.1 T	MLE			Change	[**] Addition	
		C) DEFETE							
NAME I		O DELETE	1.2 N				□ Outside		
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	WILLIAMS, ELIZABETH J	DELETE	1.2 N 1.3 S	AME TREET ADD			Change	Addition	
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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 suppliemental 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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

NAME

STREET ADDRESS