## 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 # P93000075652 (6)

COASTAL HEALTH-AGE BEVERAGES, INC.

					4	- <b>1   10     1   1     </b>			
Principal Place		Mailing Address							• **•
6801 NW 9TH FT. LAUDERDA		6801 NW 9TH AVE. FT. LAUDERDALE FL 33309-2	155						
						Date Incorporated or Qualified 10/26/1993		ate of Lasi R <b>12/1996</b>	eport
2. Principal Pl	lace of Business	2a. Mailing Address			4. 1	El Number	-h	Αţ	oplied For
21		26			1	65-0445904		No	ot Applicable
Suite, Apt.		Suite, Apt #, etc.			5. (	Certificate of Status Desired		\$8.75 Fee Re	Additional equired
City & State	e	City & State			6. E	Election Campaign Financing	_		May Be
23		28				rust Fund Contribution			to Fees
Zip	Country	Zip	Country			This corporation has liability for i			. 199.032,
24	[25]	29 30	)			lorida Statutes  Name and Address of New Re		_l No	
Va.	9. Name and Address of Current	Hegistered Agent	81	Name	10.	Name and Address of New Ne	gistereo .	Agent	
	JNG, KENNETH S			THEITIG					
	9 HILLSBORO MILE #606		82			O. Box Number is Not Acceptab	le)		
HILL	SBORO BEACH FL 33062		83	2440 De	eer	Creek CC Blvd.			
ŕ				#107		F			
·			84	City Deerfie	e1d	Beach	FL	85 Zip 334	Code <b>∔42</b>
11. Pursuant to office or reachest. La	to the provisions of Sections 607.0502 egistered agent, or both, in the State m familiar with, and accept the obligat	and 607.1508, Florida Statutes, If Florida: Such change was aultions of Section 607.0505. Florid	the above- norized by the Ruthes.	named corpo the corporatio	oration on's bo	submits this statement for the peard of directors. I hereby accep	urpose of of the app	fichanging it pointment as	ts registered registered
SIGNATURE	///	-	fren.	dut			4/2	17/97	
GIGHATORE	one ure, typed or printed name of projectered agent			l signature required			DATE	, , , , , , , , , , , , , , , , , , ,	
12.	OFFICERS AND		13.		A[	DDITIONS/CHANGES TO OFFIC	ERS AND		
TITLE	PD (	∐ DELETE	11 TITLE					X Change	Addition
NAME	YOUNG, KENNETH S		1.2 NAME						
STREET ADDRESS	1149 HILLSBORO MILE, #606		13 STREET A			Deer Creek CC Bl		#107	
CITY-ST-ZIP	HILLSBORO BEACH FL		14 CITY - SI -	· 7IP <b>D</b>	Deer	field Beach, FL 2	33442.		
TITLE	DST	☐ DELETE	21 THLE					Change	Addition
NAME	LITTLE, S D		2 2 NAME						
STREET ADDRESS	727 CURLEW RD.		23 STREET A						
CITY-ST-ZIP	DELRAY BEACH FL 33444		2 4 0 TY - ST	· ZIP					1 1 4 4 7 2
TITLE		☐ DELFTE	3 1 71111					Change	Addition
NAME			3.2 NAME						
STREET ADDRESS			3 3 STREET A						
CITY-ST-ZIP		☐ DELETE	3.4. CHY: \$1	· 7IF				Change	Addition
TITLE		ר וענננ	4 1 TITLE					L Grange	[] Moning (
NAME			4 2 NAME	DE DE DE					
STREET ADDRESS		•	4.3 STREET A						
CITY-ST-ZIP		DELETE	4.4 CITY - ST	-7P				Change	Addition
TITLE		ET DETEN	5 1 117LF					C) Sharigs	La rigation
NAME			5.2 NAME	pparee					
STREET ADDRESS			5.3 STREET A	1					
CITY-ST-ZIP		DELETE	54 CITY-ST	· ZIP				Change	Addition
TITLE		FT OFFICE	61 THUE					onlings	☐ Manifoli
NAME ATREET ARRESTS		_	62 NAME	, protect					
STREET ADDRESS			63 STREET A	ADDRESS					

I do hereby certify that the information supplied with this femorabors not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this argular port 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 conformation of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name

FILED Apr 29 1997 8:00am Secretary of State

