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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVÍSION OF CORPORATIONS

1999 DOCUMENT #

Principal Place of Business

P93000075652

1. Corporation Name

Coastal Health-Age Beverages, Inc.

Mailing Address

May 04, 1999 8:00 am Secretary of State

05-04-1999 90014 023 \*\*\*150.00

1060 S. Rogers Circle 2nd Floor Boca Raton, Florida 33487						DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified
Principal Place of Business     2a. Mailing Address						10/26/1993  4. FEI Number  Applied For
21 26 1060 S. Roger			gers Ci	<u>rs Circle</u>		65-0445904   Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27 2nd Floor						5. Certificate of Status Desired   \$8.75 Additional Fee Required
City & Star	te	City & State Boca Raton, Florida			a	6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees
Zip	Country	Count		•		-8. This corporation owes the current year Intangible
24	25	29 33487	30 Palm	<u>n</u> 1	веасп	Personal Property Tax. XXYes □No  10. Name and Address of New Registered Agent
	9. Name and Address of Current	Registered Agent	8	1	Name	to. Name and Address of New Registered Agent
Young, Kenneth S.				2 Street Address (P.O. Box Number is Not Acceptable)		
2440 Deer Creek CC Blvd., #107 Deerfiæld Beach, FL 33442			8.	3		
	·		8	4	City	85 Zip Code
					,	<b>FL</b>
SIGNATURE	Signature, typed or printed name of registered agent a OFFICERS AND	nd title if applicable. (NOT)	E: Registered Ag	ent s	signature required	d when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD DELETE 1		1.1 TITLE	1.1 TITLE		☐ Change ☐ Addition
NAME	Young, Kenneth S.		1.2 NAME	1.2 NAME		
STREET ADDRESS	ss 2440 Deer Creek CC Blvd., #107			1.3 STREET ADDRESS		
CITY-ST-ZIP	Deerfield Beach, FL 33442		1.4 CITY-	1.4 CITY-ST-ZIP		
TITLE	DST DELETE		2.1 TITLE	2.1 TITLE		Change Addition
NAME	Little, S. D.		2.2 NAME	2.2 NAME		
STREET ADDRESS	ss 727 Curlew Road		2.3 STRE	2.3 STREET ADDRESS		
CITY-ST-ZIP	Delray Beach, FL 33444		2.4 CITY-	2.4 CITY-ST-ZIP		
TITLE	D DELETE		3.1 TITLE			Change Addition
NAME	Murray, Donald E.		3.2 NAME	3.2 NAME		
STREET ADDRESS			3.3 STRE	3.3 STREET ADDRESS		
CITY-ST-ZIP	COLAL SOLINGS, FL JJUUJ			3.4. CITY-ST-ZIP		V-V Ch
TITLE	D	☐ DELETE	4.1 TITLE			XX Change Addition
NAME	Cassaw, Larry R.		4. 2 NAME			•
STREET ADDRESS			4.3 STRE	ETAI	} •	3952 Marquette Way
CITY-ST-ZIP		Coructe	4.4 CITY-		ZIP ]	Kennesaw, GA 30144 ☐ Change ☐ Addition
TITLE	D	☐ DELETE	5.1 TITLE 5.2 NAME	5.1 TITLE 5.2 NAME		☐ Change ☐ Addition
NAME	Ducton, Anthony L.				nnpree	·
STREET ADDRESS	, , , , , , , , , , , , , , , , , , , ,				DDRESS	<u></u> .
CITY-ST-ZIP	Boca Raton, FL 33431	-8599 □ DELETE	5.4 CITY- 6.1 TITLE		<u> </u>	☐ Change ☐ Addition
TITLE 3			6.2 NAME			
NAME			6.3 STREE		DDRESS	
STREET ADDRESS		÷.	6.4 CITY-			(
CITY-ST-ZIP *	i e e e e e e e e e e e e e e e e e e e		3.7 011 [-	- · - Z		

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 ustee 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:

<u>Kenneth S. Young</u> TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIREC

561-982-8611