## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 89/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **FILED** Jul 22, 1999 8:00 am Secretary of State

07-22-1999 90004 021 \*\*\*150.00

D 1.	OCUMENT # Corporation Name	P93000077970	
	TROPICAL WINES, I	NC.	

Principal Place of Business 16551 95TH AVE.

JUPITER FL 33478

Mailing Address

16551 95TH AVE.

JUPITER FL 33478



DO NOT WRITE IN THIS SPACE

=.:

						3. Date Incorporated or Qualified 11/10/1993			
a Deineinel Di	and of Dynama	2- Mailing Add	leane.			4. FEI Number	Applied For		
2. Principal Place of Business 21 3000 -16 NW 25TH AVE 26 SAMS						"	Not Applicable		
21 3000	-16 NW OSH AVO	Suite, Apt.				65-0450600	8.75 Additional		
22 POMP	-16 NW 25TH AVE PANO BEACH	27 Suite, Apr. 1				5. Certificate of Status Desired	Fee Required		
City & State	City & State City & State					1	\$5.00 May Be		
23 FLC	DRIOH	28				Trust Fund Contribution	Added to Fees		
Zip	Country	Zip		Country		8. This corporation owes the current year			
24 33069 25 USA 29				<u> </u>		Intangible Personal Property. Ye	es 140		
	9. Name and Address of Current	Registered Agent				10. Name and Address of New Registered Age	nt		
				81	Name				
BEB	erman, alan			BO Co. LAddura (D.O. Day Must as in Mat Acceptable)					
165	51 - 95TH AVE.			82	82 Street Address (P.O. Box Number is Not Acceptable)				
JUP	ITER FL 33478			83					
\ 	•			84	City	FL <sup>8</sup>	5 Zip Code		
							<u> </u>		
11. Pursuant	to the provisions of sections 607.0502	and 607.1508, Flori	ida Statutes, t	he above	named corporate	poration submits this statement for the purpose of changi ation's board of directors. I hereby accept the appointme	ng its registered		
agent. La	registered agent, or both, in the State t am familiar with, and accept the obligat	tions of section 60	7.0505, Florid	a Statutes	ine corpon	ation a board of directors. Thereby decept the appointme	an do regioteros		
SIGNATURE	,								
SIGNATURE.	Signature, typed or printed name of registered agent	and title if applicable.	(NOTE:	Registered A	gent signature i	required when reinstating) DATE			
12.	OFFICERS AND	DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS AND D	IRECTORS IN 12		
TITLE	D		DELETE	1.1 TITLE			Change Addition		
NAME	Beberman, Alan			1.2 NAME					
			1.3 STREET	ADDRESS		i			
HIDITED EL COATO				1.4 CITY-ST			j		
CITY-ST-ZiP	0			2.1 TITLE	-211		Change Addition		
'		LI	DEFELE		Ì	<u> </u>	Change Addition		
NAME	2.00.12, 4.11			2.2 NAME					
STREET ADDRESS	2495 DOE TRAIL			2.3 STREET	1				
CITY-ST-ZIP	LOXAHATCHEÈ FL			2.4 CITY-ST	-ZIP				
TITLE			DELETE	3.1 TITLE			Change		
NAME				3.2 NAME	İ				
STREET ADDRESS				3.3 STREET	ADDRESS		į		
CITY-ST-ZIP				3.4 CITY-ST	-ZIP				
TITLE			DELETE	4.1 TITLE	<u> </u>		Change Addition		
NAME				4.2 NAME		_			
STREET ADDRESS				4.3 STREET	ADDRESS		į		
CITY-ST-ZIP		. اسا		4.4 CITY-ST 5.1 TITLE	-417		Change Addition		
TITLE			DELETE		ĺ	H	Change   Addition		
NAME				5.2 NAME					
STREET ADDRESS				5.3 STREET	ADDRESS				
CITY-ST-ZIP				5.4 CITY-S1	-ZIP				
TITLE			DELETE	6.1 TITLE			Change Addition		
NAME				6.2 NAME					
STREET ADDRESS				6.3 STREET	ADDRESS				
CITY-ST-ZIP				6.4 CITY-ST					
1 2017-21-21				0.7 UII 1701					

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 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.

SIGNATURE:



## tropical wine inc.

3000-16 NW 25th Ave. Pompano Beach, FL 33069 954-978-0490/800-923-9463 Fax 954-971-0504 Tropwine@aol.com 593365-96004-21 P93000077970

July 14, 1999

Florida Department of State Division of Corporations Reinstatement

To Whom It May Concern:

We received a second notice of the packet for our annual corporation profit report. We never received the first notice. Our address has changed to 3000-16 NW 25 AVE, Pompano, FL 33069. Our accountant was asked to inform all agencies of our address change. He is no longer our accountant. After speaking to your office, after we received notice; we are submitting to you the original \$150.00. We apologize for any inconvenience. Thank you.

Sincerely,

Jay Laduke President

Tropical Wines,