Apr 01, 1999 8:00 am Secretary of State

04-01-1999 90032 040 ***150.00

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 # P93000081814

1, Corporation Name

DRINKS INTERNATIONAL MANAGEMENT, INC.

Principal Place of Business Mailing Address 700 W HILLSBORO BLVD BLG 1 STE 110 Mailing Address		
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700 11 11 11 11 11 11 11 11 11 11 11 11 1		
DEERFIELD BEACH FL 33441 DEERFIELD BEACH FL 33441 DO NOT WRITE IN THIS SPA	CE	
US US 3, Date Incorporated or Qualifed		}
11/22/1993 2 Principal Place of Rusiness 2a Mailing Address 4, FEI Number	Appli	ed For
Z. Millipar Flace of desired		Applicable
Critic Ant # etc	8.75 Ad	
5, Certificate of Status Desired	Fee Requ	
City & State Election Campaign Financing	\$5.00 M	av Be
23 Trust Fund Contribution	Added to	,
Zip Country Zip Country 8, This corporation owes the current year Intangil	ble	
24 25 29 30 Personal Property Tax.]No
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Age	nt	_•
81 Name		
WILSON, ROBERT D 82 Street Address (P.O. Box Number is Not Acceptable)		_
128 NW 110TH WAY	_	_
CORAL SPRINGS FL 33071		
84 City 8	5 Zip Co	de
FL T	nging its so	raistered
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of char 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	ent as regis	stered
Affice of registered sheat, or fibrill in the State of Fibrida, Such Charles was additivized by the corporation's board of disposition and the State of Fibrida, Such Charles was additivized by the corporation's board of disposition.		•
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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, with all other like empowered.

CITY-ST-ZIP