

FILED
Feb 13 1998 8:00am
Secretary of State



1. Corporation Name **PATSON BEVERAGE & FOOD, INC.**

| | |
|--|--------------------------------|
| 3. Date Incorporated or Qualified | |
| 12/06/1993 | |
| 4. FEI Number | Applied For |
| 65-0461736 | Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No | |

10. Name and Address of New Registered Agent

s (P.O. Box Number is Not Acceptable)

FL 85 Zip Code

SIGNATURE _____
Handwritten, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) **DATE** _____

| 12. | | OFFICERS AND DIRECTORS | | 13. | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|--|--|---------------------------------|--|--|--|---|-----------------------------------|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | P PATEL, ASHOK J 216 S. MAIN ST. LABELLE FL 33035 | <input type="checkbox"/> DELETE | | 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> DELETE | | 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> DELETE | | 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> DELETE | | 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> DELETE | | 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> DELETE | | 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |

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: John A. P. H. 08.08.98 961 475 2335

CP2E034 (10/97)