


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

1-2

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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FILED

97 JUL 23 AM 7:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000006580 (2)**

1. Corporation Name  
**REFRESHMENT DEPOT, INC.**



Principal Place of Business <b>1853 NW 55TH AVE STE. 6-254 MARGATE FL 33063 US</b>	Mailing Address <b>1853 NW 55TH AVE STE. 6-254 MARGATE FL 33063 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21 1853 NW 55th Ave</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23 Margate, FL</b> Zip <b>24 33063</b>	2a. Mailing Address <b>26 same</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28 same</b> Zip <b>29 same</b>
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3. Date Incorporated or Qualified <b>01/18/1994</b>	3a. Date of Last Report <b>05/01/1996</b>
4. FEI Number <b>65-0466505</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>ADLER, MITCHELL D ESQ 500 EAST BROWARD BLVD. STE. 1950 FORT LAUDERDALE FL 33394</b>	
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10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code <b>FL</b>

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 changing its registered 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 as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE <b>PT</b>	<input type="checkbox"/> DELETE
NAME <b>FRANK, KENNETH</b>	
STREET ADDRESS <b>5030 CHAMPION ROAD STE. 6-254</b>	
CITY-ST-ZIP <b>BOCA RATON FL 33496</b>	
TITLE <b>VS</b>	<input type="checkbox"/> DELETE
NAME <b>FRANK, SUSAN</b>	
STREET ADDRESS <b>5030 CHAMPION ROAD STE. 6-254</b>	
CITY-ST-ZIP <b>BOCA RATON FL 33496</b>	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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

14. I do 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.

CR2E034 (4/97)

22  
REFRESHMENT DEPOT INC.  
1953 N.W. 55TH AVE.  
MARGATE, FLORIDA 33063

JULY 17, 1997

ANNUAL REPORT SECTION  
P.O. BOX 6327  
TALLAHASSEE, FL. 32314

DEAR SIRs:

I HAVE JUST RECEIVED A "SECOND NOTICE" OF 1997 ANNUAL REPORT FILING. I NEVER RECEIVED THE FIRST PACKET AND AM THEREFORE APOLOGIZING FOR MY LATENESS AND ASKING FOR THE PENALTY FEE OF \$385 TO BE WAIVED.

YOU WILL ALSO NOTICE THAT THE MAILING ADDRESS IS LISTED AS:  
1953 N.W 55TH AVE.  
STE 6-254  
MARGATE, FL 33063

WHICH IS NOT TRULY CORRECT.

WE HAVE ALWAYS BEEN PUNCTUAL WITH ALL OUR TAX PAYMENTS AND WOULD APPRECIATE YOUR LENIENCY. THANKYOU FOR YOUR CONSIDERATION.

SINCERELY,

*Kenneth Frank*

KENNETH FRANK  
REFRESHMENT DEPOT INC.