

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**APPROVED  
AND  
FILED**

**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morton  
Secretary of State  
DIVISION OF CORPORATIONS

95 APR 25 AM 9:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P94000028151 (6)**

1. Corporation Name  
**KAY BEVERAGES, INC.**

DO NOT WRITE IN THIS SPACE

Principal Place of Business <b>2984 S HORISON PL OVIDEO FL 32765</b>	Mailing Address <b>2984 S HORISON PL OVIDEO FL 32765</b>
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3. Date Incorporated or Qualified <b>04/13/1994</b>	3a. Date of Last Report
4. FEI Number <b>58-2107288</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. The corporation has liability for intangible tax under § 199.030, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

21. Principal Place of Business State, Apt. #, etc. City & State Zip County	25. Mailing Address State, Apt. #, etc. City & State Zip County
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9. Name and Address of Current Registered Agent <b>BRAHMBHATT, ASHOK 2984 S HORISON PL OVIDEO FL 32765</b>	81. Name
	82. Street Address (P.O. Box Number is Not Acceptable)
	83.
	84. City <b>FL</b> 85. Zip Code

11. Pursuant to the provisions of Sections 607.0507 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 \_\_\_\_\_ (Signature of former agent, registered agent and the registrant) \_\_\_\_\_ (Signature of Registered Agent (signature required after 5/1/95))

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>DP</b>	<b>BRAHMBHATT, ASHOK 2984 S HORISON PL OVIDEO FL 32765</b>	1. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		1. NAME	
STREET ADDRESS		1. STREET ADDRESS	
CITY, ST, ZIP		1. CITY, ST, ZIP	
TITLE <b>DVS</b>	<b>BRAHMBHATT, ILA A 2984 S HORISON PL OVIDEO FL 32765</b>	2. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		2. NAME	
STREET ADDRESS		2. STREET ADDRESS	
CITY, ST, ZIP		2. CITY, ST, ZIP	
TITLE		3. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		3. NAME	
STREET ADDRESS		3. STREET ADDRESS	
CITY, ST, ZIP		3. CITY, ST, ZIP	
TITLE		4. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		4. NAME	
STREET ADDRESS		4. STREET ADDRESS	
CITY, ST, ZIP		4. CITY, ST, ZIP	
TITLE		5. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		5. NAME	
STREET ADDRESS		5. STREET ADDRESS	
CITY, ST, ZIP		5. CITY, ST, ZIP	
TITLE		6. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		6. NAME	
STREET ADDRESS		6. STREET ADDRESS	
CITY, ST, ZIP		6. CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 executor 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 my address.

SIGNATURE: A S Brahm 11 9/18/95 (00) 365-2461  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Type in Three's)