## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## 1997 DOCUMENT # P94000028151 (6)

KAY BEVERAGES, INC.

B	( Ps.	4.4 'P' 4.13					
Principal Place of Business Mailing Address					f (anticat sit tant alon kalli kast nom abita hata sala) utot aust iss tea.		
2984 S HORIS OVIEDO FL 32		2984 S HORISON PL OVIEDO FL 32765-6928	2984 S HORISON PL OVIEDO FL 32765-6928				
					3. Date Incorporated or Qualified 04/13/1994	3a. Date of Last Report 03/06/1996	
2. Principal F	lace of Business	2a. Mailing Address			4. FEI Number	Applied For	
21		26			58-2107288	Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional	
City & Stat		City & State	<del></del>	<del></del>		Fee Required	
23		28			Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country	Ζφ	Country	/	8. This corporation has liability for i		
24	25 9. Name and Address of Curr	29	30		Florida Statutes  10. Name and Address of New Re	Yes No	
ļ		rent Hegistered Agent	81	Name	10. Name and Address of New Ne	Bistelen Wäeur	
	HMBHATT, ASHOK						
2984 S HORISON PL OVIEDO FL 32765				82 Street Address (P.O. Box Number is Not Acceptable)			
			83				
			84	City		FL 85 Zip Code	
11. Pursuant	to the provisions of Sections 607.0	0502 and 607.1508. Florida Statut	es, the abov	e-named corr	poration submits this statement for the p		
<ul> <li>office or i</li> </ul>	registered agent, or both, in the Standard familiar with, and accept the ob-	ate of Ftorida. Such change was	authorized b	v the corpora	tion's board of directors. I hereby accep	of the appointment as registered	
*	am ramiliar with, and accept the oc	ngations of, Section 607,0505, re	orida Statute	8.			
SIGNATURE	Signature hypoto or printed name of registered	agent and title if applicable (NO)	E: Registered Ag	ent signature regu	ired when reinslating)	DATE	
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12	
TILLE	DP	DELETE	1.1 TITLE			Change Addition	
NAME	BRAHMBHATT, ASHOK		1.2 NAME				
STREET ADDRESS	2984 S HORISON PL		1.3 STREE	T ADORESS			
CITY - S1 - ZIP	OVIEDO FL 32765		1.4 CITY-	ST-ZIP			
TITLE	_		2.1 TITLE			Change Addition	
NAME	BRAHMBHATT, ILA A		2.2 NAME				
STREET ADDRESS	2984 S HORISON PL		2.3 STREE	T ADDRESS			
CITY - ST - ZIP	OVIEDO FL 32765		2. 4 C(TY-	ST-ZIP	. <del>†</del>		
TITLE		☐ DELETE	3.1 TITLE			Change Addition	
NAME			3.2 NAME				
STREET ADDRESS				T ADDRESS			
CITY+S1+7IP		DELETE	3.4. CITY-	ST-ZIP		Change Addition	
THIE		☐ DECEIE	4.1 TITLE			L. Change L. Addition	
NAME DESCRIPTION OF			4. 2 NAME				
STREET ADDRESS				T ADDRESS			
CATY-ST-ZIP TITLE		DELETE	4.4 CITY - 5.1 TITLE	\$1-4IF		Change Addition	
NAME		ب منداد	5.2 NAME			v.saigv vadajon	
STREET ADDRESS	,			T ADDRESS			
CITY - ST - ZIP TITLE	<u>                                     </u>	DELETE	5.4 CITY- 6.1 TITLE	or-tir		☐ Change ☐ Addition	
NAME		Secretary Control of the Control of	6.2 NAME				

6.3 STREET ADDRESS

**FILED** Feb 05 1997 8:00am Secretary of State



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 if 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:

STREET ADDRESS

CiTY-ST-ZIP

407 - 823-7973