

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

**FILED**  
**Apr 03 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P94000028151 (6)**  
 1. Corporation Name  
**KAY BEVERAGES, INC.**



Principal Place of Business <b>2984 S HORISON PL OVIEDO FL 32785</b>	Mailing Address <b>2984 S HORISON PL OVIEDO FL 32765</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>04/13/1994</b>	
21 <b>9912 E COLONIAL DR</b>	22 Suite, Apt. #, etc.	26 <b>418 W OAKRIDGE ROAD</b>	27 <b>APT 112</b>	4. FEI Number <b>58-2107288</b>	Applied For Not Applicable
23 <b>ORLANDO FL</b>	24 Zip <b>32817</b>	28 <b>ORLANDO FL</b>	29 Zip <b>32809</b>	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
25 Country		30 Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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					

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>BRAHMBHATT, ASHOK 2984 S HORISON PL OVIEDO FL 32765</b>				81 Name <b>RAJENDRABHAI PANCHAL</b>			
				82 Street Address (P.O. Box Number is Not Acceptable) <b>418 W OAKRIDGE ROAD</b>			
				83 <b>APT 112</b>			
				84 City <b>ORLANDO</b>	85 Zip Code <b>FL 32809</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: R.P. Parekh (NOTE: Registered Agent's signature required when reinstating) DATE: 3-30-98

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	<b>DP</b>	<input type="checkbox"/> DELETE		1.1 TITLE	<b>DP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>BRAHMBHATT, ASHOK</b>			1.2 NAME	<b>RAJENDRABHAI PANCHAL</b>		
STREET ADDRESS	<b>2984 S HORISON PL</b>			1.3 STREET ADDRESS	<b>418 W OAKRIDGE ROAD APT 112</b>		
CITY-ST-ZIP	<b>OVIEDO FL 32765</b>			1.4 CITY-ST-ZIP	<b>ORLANDO FL 32809</b>		
TITLE	<b>DVS</b>	<input type="checkbox"/> DELETE		2.1 TITLE	<b>DST</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>BRAHMBHATT, ILA A</b>			2.2 NAME	<b>TRUPTIBEN R. PANCHAL</b>		
STREET ADDRESS	<b>2984 S HORISON PL</b>			2.3 STREET ADDRESS	<b>418 W OAKRIDGE ROAD APT 112</b>		
CITY-ST-ZIP	<b>OVIEDO FL 32765</b>			2.4 CITY-ST-ZIP	<b>ORLANDO FL 32809</b>		
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE	<b>DV</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				3.2 NAME	<b>SHIRISH SHASTRI</b>		
STREET ADDRESS				3.3 STREET ADDRESS	<b>9912 E COLONIAL DR</b>		
CITY-ST-ZIP				3.4 CITY-ST-ZIP	<b>ORLANDO FL 32817</b>		
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

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: R.P. Parekh PRESIDENT 3-30-98

CR2E034 (10/97)