
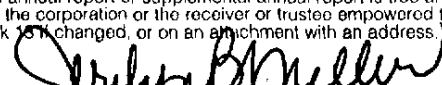


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED  
Jul 18 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P94000032193 (2)</b> 1. Corporation Name <b>ARCHIBALD BROS. FINE BEVERAGES, INC.</b>					
Principal Place of Business <b>1735 PATTERSON AVE. DELAND FL 32724</b>			Mailing Address <b>1735 PATTERSON AVE. DELAND FL 32724</b>		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>04/25/1994</b>	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		3a. Date of Last Report <b>05/01/1996</b>	
22 City & State		27 City & State		4. FEI Number <b>59-3275430</b>	
23 Zip		28 Zip		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
24 Country		29 Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
9. Name and Address of Current Registered Agent <b>MILLER, ERIC R. 1735 PATTERSON AVE. DELAND FL 32724</b>				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	
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's signature required when reinstating) _____ DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	D <input type="checkbox"/> DELETE				
NAME	MILLER, ERIC R				
STREET ADDRESS	126 INTERLAKE DRIVE				
CITY-ST-ZIP	DELAND FL 32724				
TITLE	D <input checked="" type="checkbox"/> DELETE				
NAME	BLOCK, RICHARD				
STREET ADDRESS	707 HIBISCUS COURT EAST				
CITY-ST-ZIP	OLDSMAR FL 34677				
TITLE	D <input type="checkbox"/> DELETE				
NAME	BROWN, WILLIAM				
STREET ADDRESS	7223 JAFFERY				
CITY-ST-ZIP	ORLANDO FL 32835				
TITLE	D <input checked="" type="checkbox"/> DELETE				
NAME	WILLIAM KELLY				
STREET ADDRESS	2693 WHITEHURST RD				
CITY-ST-ZIP	DELAND FL				
TITLE	D <input checked="" type="checkbox"/> DELETE				
NAME	FRED LANE				
STREET ADDRESS	43 S. AMELIA AVE				
CITY-ST-ZIP	DELAND FL				
TITLE	D <input type="checkbox"/> DELETE				
NAME	JERILYN MILLER				
STREET ADDRESS	126 INTERLAKE DR				
CITY-ST-ZIP	DELAND FL				
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)(j), 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, changed, or on an attachment with an address.

SIGNATURE: 

CR2E034 (4/97)