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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P94000037193 (7)**

1. Corporation Name
JODON BEVERAGE CORPORATION

Principal Place of Business
1613 BANKS RD.
MARGATE FL 33063

Mailing Address
1613 BANKS RD.
MARGATE FL 33063-7743

3. Date Incorporated or Qualified: 05/17/1994
3a. Date of Last Report: 03/04/1996

2. Principal Place of Business	2a. Mailing Address
21 4900 NW 15TH ST	26 4900 NW 15TH ST
Suite, Apt #, etc: 22 BAY 4496	Suite, Apt #, etc: 27 BAY 4496
City & State: 23 MARGATE FL	City & State: 28 MARGATE FL
Zip: 24 33063 — Country: 25	Zip: 29 33063 — Country: 30

4. FEI Number: 65-0491036 — [ ] Applied For [ ] Not Applicable

5. Certificate of Status Desired [X] — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [ ] — $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes [X] Yes [ ] No

9. Name and Address of Current Registered Agent

HUME, JOHN ESQ.
HUME & JOHNSON, P.A.
1401 UNIVERSITY DR., SUITE 301
CORAL SPRINGS FL 33071

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City — FL — 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 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 ______ DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	[ ] DELETE	11 TITLE	[ ] Change [ ] Addition
NAME	JARVIS, DONALD R.		12 NAME	
STREET ADDRESS	5442 B. LAKEWOOD CIRCLE		13 STREET ADDRESS	
CITY-ST-ZIP	MARGATE FL		14 CITY-ST-ZIP	
TITLE	T	[ ] DELETE	21 TITLE	[ ] Change [ ] Addition
NAME	JARVIS, JOAN		22 NAME	
STREET ADDRESS	5442 B. LAKEWOOD CIRCLE		23 STREET ADDRESS	
CITY-ST-ZIP	MARGATE FL		24 CITY-ST-ZIP	
TITLE		[ ] DELETE	31 TITLE	[ ] Change [ ] Addition
NAME			32 NAME	
STREET ADDRESS			33 STREET ADDRESS	
CITY-ST-ZIP			34 CITY-ST-ZIP	
TITLE		[ ] DELETE	41 TITLE	[ ] Change [ ] Addition
NAME			42 NAME	
STREET ADDRESS			43 STREET ADDRESS	
CITY-ST-ZIP			44 CITY-ST-ZIP	
TITLE		[ ] DELETE	51 TITLE	[ ] Change [ ] Addition
NAME			52 NAME	
STREET ADDRESS			53 STREET ADDRESS	
CITY-ST-ZIP			54 CITY-ST-ZIP	
TITLE		[ ] DELETE	61 TITLE	[ ] Change [ ] Addition
NAME			62 NAME	
STREET ADDRESS			63 STREET ADDRESS	
CITY-ST-ZIP			64 CITY-ST-ZIP	

CR2E034 (9/96)

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.

SIGNATURE: Donald R. Jarvis 1-24-97 (954)975-4802