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

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000048639 (6)

HOBE SOUND BEVERAGE, INC.

Principal Place of Business 10355 S.E. FEDERAL HWY. HOBE SOUND FL 33455

Mailing Address

10055 S.E. FEDERAL HWY. HOBE SOUND FL 33455

FILED May 07 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 00/00/4004

					V0/20/1004			
2. Principal Place of Business		2a. Mailing Address			4. FEI Number		optied For	
21		26	4 - 1		65-0504751	· · · · · · · · · · · · · · · · · · ·	t Applicable	
Suite, Apt. #, etc		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75			
22		27				Fee Re	quired	
City & State	•	City & State			6. Election Campaign Financing	\$5.00		
23	28			Trust Fund Contribution			o Fees	
Zip	Country	Žφ	Country		8. This corporation owes or has paid the cu		~ ~ !	
25 29 30			0		Personal Property Tax due June 30.		J No	
	· · · · · · · · · · · · · · · · · · ·	ii Hegistered Ageni	81	Name	10. Name and Address of New Registered	Agent		
SHAH, DIPIKA 10355 S.E. FEDERAL HWY. HOBE SOUND FL 33455				oi lagine				
				82 Street Address (P.O. Box Number is Not Acceptable)				
				83				
			84	City		85 Zip (Code	
				,	FL	_ '		
11. Pursuant to	o the provisions of Sections 607.050	2 and 607.1508, Florida Statutes,	the above	-named corpo	oration submits this statement for the purpose on's board of directors. I hereby accept the ap	of changing it	s registered	
agent. I ar	n familiar with, and accept the oblig	ations of, Section 607.0505, Florid	da Statutes	тне согрогатк i.	on's board of directors, I hereby accept the ap-	pointment as	registered	
SIGNATURE								
	Signature, typed or printed name of registered acc		legistered Age	ed Agent signature required when re-instating) DATE				
12.	OFFICERS AN		13.		ADDITIONS/CHANGES TO OFFICERS AN			
TITLE	DP .	☐ DELETE	1.1 TITLE			Change	Addition	
NAME	Shah, girish		1.2 NAME					
STREET ADDRESS			1.3 STREET	ADDRESS				
CITY-ST-ZIP	HOBE SOUND FL		1.4 CITY - ST	T-ZIP]	
TITLE		DELETE	2.1 TITLE			Change	☐ Addition	
NAME			2.2 NAME				1	
STREET ADDRESS			2.3 STREET	ADDRESS			j	
CITY-ST-ZIP			2.4 CITY-S	IT-ZIP			l	
TITLE		DELETE	3.1 TITLE			Change	Addition	
NAME	321		3.2 NAME	ĺ				
STREET ADDRESS			3.3 STREET	ADDRESS				
CITY-ST-ZIP			3.4. CITY-S	T-71P				
TITLE		DELETE	4.1 TITLE			Change	Addition	
NAME			4. 2 NAME			•		
STREET ADDRESS			4.3 STREET	ADDRESS			į	
CITY-ST-ZIP			4.4 CITY-ST					
TITLE		DELETE	5.1 TITLE			Change	Addition	
NAME			5.2 NAME	-		- •	-	
STREET ADORESS			5.3 STREET	ADDRESS				
CITY-S1-ZIP			5.4 CITY-ST	ì				
TITLE		DELETE	6.1 TITLE			Change	Addition	
NAME		<u> </u>	6.2 NAME					
STREET ADDRESS			6.3 STREET	ADDRESS				
14. I hereby o	ertify that the information supplied w	ith this libra does not qualify for t	6.4 CiTY-ST he exempt		Section 119.07(3)(i). Florida Statutes I further o	ertify that the	information	
14. Thereby 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 suppliemental 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: