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

**PROFIT CORPORATION** ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS **FILED** 

May 09 1997 8:00am

Secretary of State

## DOCUMENT # P9400050896 (7)

ISLAND BREW, INC.

STREET ADDRESS

CITY-ST-ZIP

Principal Place of Business Mailing Address 3109 GRAND AVE 3109 GRAND AVE SUITE 444 SUITE 444 COCONUT GROVE FL 33133 COCONUT GROVE FL 33133-5				· · · · · · · · · · · · · · · · · · ·		
					3. Date Incorporated or Qualified 07/05/1994	3a. Date of Last Report 05/01/1996
2. Principal Place of Business 2a. Mailing A			Address		4. FEI Number 65-0505478	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Regulred
City & State		City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip 24	Country 25			/	8. This corporation has liability for	
	g. Name and Address of Curren		1951		10. Name and Address of New Re	
CONNER, DAVID M 81 Name						
3109 GRAND AVE			82	Street Add	ress (P.O. Box Number is Not Acceptab	ole)
#44 MIA	4 MI FL 33133		83			
			84	City		FL 85 Zip Code
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: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  Date						
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTORS IN 12
TITLE	D	DELETE	1.1 TITLE			Change Addition
NAME	CONNER, DAVID M		1.2 NAME			
STREET ADDRESS	3109 GRAND AVE #444		1.3 STREET ADDRESS			
CITY-ST-ZIP	COCONUT GROVE FL		1.4 CITY-5	ST - ZIP		
TITLE	D	DELETE	2.1 TITLE			Change Addition
NAME	KARLINSKY, FRED E		2.2 NAME			
STREET ADDRESS	A A A A A A A A A A A A A A A A A A A		2.3 STREET	ADDRESS		·
CITY-ST-ZIP	COCONUT GROVE FL 2.		2. # CITY-	ST-ZIP		
TITLE	D	<b>X</b> DELETE	3.1 TITLE			Change Addition
NAME	STANDISH, TROY		3.2 NAME			
STREET ADDRESS	3109 GRAND AVE.,			ADDRESS		
CITY-ST-ZIP	COCONUT GROVE FL 33133		3.4. CITY -	ST-ZIP		
TITLE		☐ DELETE	4.1 THILE			Change Addition
NAME			4. P NAME			
STREET ADDRESS				ADDRESS		
CITY-ST-ZIP	12.00	TT BECEN	4.4 CITY - S	ST - 74P		
TITLE		DELETE	5.1 TITLE			☐ Change ☐ Addition
NAME			5.2 NAME			
STREET ADDRESS				ADDRESS		
CITY-ST-ZIP			5.4 City - 9	ST-ZIP		Channe Tauwi-
TITLE		LJ DELETE	6.1 TITLE			Change Addition
NAME	ì		6.2 NAME	1		

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)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental aprilla) 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 hanged, or on an attachment with an officers.