

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

FILED  
Mar 24 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000076012 (1)

1. Corporation Name

BEVERAGE PLUS, INC.

Principal Place of Business

308 S. PRIMROSE DRIVE  
ORLANDO FL 32803

Mailing Address

308 S. PRIMROSE DRIVE  
ORLANDO FL 32803

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	10/17/1994
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	59-3273213
City & State	City & State	Applied For
23	28	Not Applicable
Zip	Country	5. Certificate of Status Desired
24	25	<input type="checkbox"/> \$8.75 Additional Fee Required
	29	6. Election Campaign Financing
	30	Trust Fund Contribution
		<input type="checkbox"/> \$5.00 May Be Added to Fees
		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

MARKO, YURI  
308 S. PRIMROSE DRIVE  
ORLANDO FL 32803

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		1. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	TITLE	NAME
DP	MARKO, YURI	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
308 S. PRIMROSE DRIVE		1. STREET ADDRESS	
ORLANDO FL 32803		1. CITY - ST - ZIP	
DS	MARKO, INNA	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
308 S. PRIMROSE DRIVE		2. STREET ADDRESS	
ORLANDO FL 32803		2. CITY - ST - ZIP	
DT	VEKSLER, SVETLANA	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
308 S. PRIMROSE DRIVE		3. STREET ADDRESS	
ORLANDO FL 32803		3. CITY - ST - ZIP	
DV	VEKSLER, ANATOLIY A	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
308 S. PRIMROSE DRIVE		4. STREET ADDRESS	
ORLANDO FL 32803		4. CITY - ST - ZIP	
		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		5. STREET ADDRESS	
		5. CITY - ST - ZIP	
		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		6. STREET ADDRESS	
		6. 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; 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:

*Anatoliy Veksler* 3.17.98

CR2E034 (10/97)