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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P94000081425 (8)

TAMPA	BAY FOOD & BEVERAGE,	INC.		 	HAN 18181 HANK ANAMA NAKAN ANNI 1811
Principal Place of Business		Mailing Address			
6441 COURTNEY CAMPBELL CAUSEWAY TAMPA FL 33607		C/O RONALD SCAGLIONE 5454 CRENSHAW STREET TAMPA FL 33634		DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	j
				11/07/1994	
	ace of Business	2a. Mailing Address		4. FEt Number	Applied For
21	<u></u>	26		59-3281071	Not Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc		5. Certificate of Status Desired	38.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid t	he current year Intangible
24	25	29	30	Personal Property Tax due June 30.	
	p. Name and Address of Current	Registered Agent		10. Name and Address of New Regis	tered Agent
HO	BBS, ROBERT S		81 Name		
	9 SWANN AVE.		82 Street Addr	ress (P.O. Box Number is Not Acceptable)	
	MPA FL 33609		Jan Oliver Madi	out (i.e. box hamber to the recoptable)	i
]			63		
			84 City		FL 85 Zip Code
<u></u>				poration submits this statement for the purp	·
office or r agent. I a	to the provisions of Sections 667 (250) egistered agent, or both, in the State in familiar with, and ancept the obliga	of Florida. Such change was a	authorized by the corporat	lion's board of directors. I hereby accept the	ne appointment as registered
SIGNATURE	Standaro typest or printed name of registere Lager	turned total of an extensibility (NC))	E Registered Agent signature requir	red when reinstation)	DATE
12,	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICER	/
TITLE	DVP	DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	TERLE, MICHAEL		1.2 NAME		
STREET ADORESS	5318 LAWNWOOD DRIVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33618		• '		
TITLE	17411 A 1 E 000 10	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		Change Addition
NAME			22 NAME		
1					ł
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	2. 4 CITY - ST - ZIP 3.1 TITLE		Change Addition
NAME		<u></u>	3.1 MILE 3.2 NAME		C Souther C Souther
1 1			3 3 STREET ADDRESS		İ
STREET ADDRESS					
CITY-ST-7IP TITLE	· · · · · · · · · · · · · · · · · · ·	DELETE	3.4. C/TY-ST-Z/P		Change Addition
[ ' [		L) precie			CT Olange CT Modition
NAME NAME			4 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-S1-ZIP		DELETE	4.4 CITY-ST-ZIP		Change Addition
TITLE		F" DECER	5.1 TITLE		FT results FT vocation
NAME			5 2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		Truese	5.4 CITY-ST-ZIP		Change   Addition
THLE		L] DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		l
STREET ADDRESS			6.3 STREET ADDRESS		

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:

Kulael Esle

3/10/98813282-1794

**FILED** 

Mar 18 1998 8:00am

Secretary of State