

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P94000086850 (2)

1. Corporation Name

COLD TAP OF SOUTH FLORIDA, INC.



Principal Place of Business

4249 L. B. MCLEOD ROAD  
ORLANDO FL 32811

Mailing Address

4249 L. B. MCLEOD ROAD  
ORLANDO FL 32811

3. Date Incorporated or Qualified  
11/21/1994

3a. Date of Last Report  
06/16/1995

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BUCK, ROBERT  
4249 L. B. MCLEOD ROAD  
ORLANDO FL 32811

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 the corporation

Date Registered Agent's signature and date of filing

DATE

12. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

D  
BUCK, ROBERT  
4249 L. B. MCLEOD ROAD  
ORLANDO FL 32811

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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CITY - ST - ZIP

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE  
2. NAME  
3. STREET ADDRESS  
4. CITY - ST - ZIP

☐ Change ☐ Addition

2. 1. TITLE  
2. 2. NAME  
3. 3. STREET ADDRESS  
4. 4. CITY - ST - ZIP

☐ Change ☐ Addition

3. 1. TITLE  
3. 2. NAME  
3. 3. STREET ADDRESS  
3. 4. CITY - ST - ZIP

☐ Change ☐ Addition

4. 1. TITLE  
4. 2. NAME  
4. 3. STREET ADDRESS  
4. 4. CITY - ST - ZIP

☐ Change ☐ Addition

5. 1. TITLE  
5. 2. NAME  
5. 3. STREET ADDRESS  
5. 4. CITY - ST - ZIP

☐ Change ☐ Addition

6. 1. TITLE  
6. 2. NAME  
6. 3. STREET ADDRESS  
6. 4. CITY - ST - ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-96

407-843-2535

CR2E034 (12/95)