SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION **ANNUAL REPORT**

1996



FLORIDA DEPARTMENT OF STATE

Sandra B Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P94000087500 (2)

NORTHLAND BEVERAGE CORPORATION

FILED Jul 01 1996 8:00 am Secretary of State

Principal Place of Business Mailing Address 3221 S ATLANTIC AVE P O BOX 321508 STE 703 COCOA BEACH FL 32932 US													
US BEAR	OFI FE 92331	U\$	us					The second secon			ite of Last Report		
2. Principal P 21 3219	ing Address	;				4. FEI Number 59-3282757				Applied For Not Applica			
Suite, Apt.	e, Apt. #, etc.					5. Certificate of Status Desired See Required Fee Required							
City & State	o	28 City	City & State 28					6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees					
Zip 24	Country 25	Zip 29	9 30				·	8. This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes No					
	9. Name and Address of Current	Registered	Agent		-1			0. Nam	e and Address of New Re	gistered A	\gent		
KR	AUSE, BETTE E				81	Name							
3221 S ATLANTIC AVE									x Number is Not Acceptat	ole)			
STE 703					3219 S. ATLANTIC AVE								
CO	ICOA BEASCH FL 32931				83			#	502				
					84	City				FL		ip Code	
agent la	to the provisions of Sections 607 0502 egistered agerd, or both, in the State of m familiar with, and account the obliga-	and 607.15 Florida. Su tions of, Sect	ich change was a tiori <mark>607.0505</mark> , Flo	es, the at uthorized orida Stati	ove I by I utes.	named the corp	corporati ioration's	on subm board o	nits this statement for the p directors. I hereby accep	urpose of c	changing ntment as	its registered registered	d
SIGNATURE	Signature yped or printed name of registered a juri			E Plogistere	d Ager	nt signature	required wh	en revistat i	·g) /	DATE	70		
12.	OFFICERS AND	DIRECTOR				13.			IONS/CHANGES TO OFFI	CERS AND	DIRECTO	ORS IN 12	
TITLE	D		DELETE		1.1 TITLE					Į.	Chang	e Addit	tion Š
NAME	ETCHISON, RICHARD J		· · · · · · · · · · · · · · · · · · ·			12 NAME							2
STREET ADDRESS	508 TIMBER RIDGE DR		135			3 STREET ADDRESS							Į į
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NAME	KRAUSE, KURT W		DELCIE	31 TI							Chang		uon
STREET ADORESS	3221 S ATLANTIC AVE STE 7	กจ				ADDRESS	2219	5	ATLANTIC	AUE	#	502	
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NAME	KRAUSE, BETTE E			•						7			
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NAME				62 N	AME					_	_	_	
STREET ADDRESS				6351	REET	ADDRESS							
CITY-ST-ZIP					TY - \$1								
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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 (7(3)(k). Fronda 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 617. Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or,on appearance with an address.

SIGNATURE:

SIGNATUJE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

E. KRAUSE 407-799-0507 6/25/96