

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

FILED
Mar 26 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P95000008449 (7)

1. Corporation Name

TOWER FOOD & BEVERAGE, INC.

Principal Place of Business

450 E. LAS OLAS BLVD
SUITE 1200
FT. LAUDERDALE FL 33301

Mailing Address

450 E. LAS OLAS BLVD.
SUITE 1200
FT. LAUDERDALE FL 33301

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/01/1995

4. FEI Number

65-0558305

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30.

☐

Yes

☐

No

2. Principal Place of Business

21 110 SE Sixth St.

Suite, Apt. #, etc.

22

City & State

23 Ft. Lauderdale, FL

Zip

24 33301

Country

25 USA

2a. Mailing Address

26 110 SE Sixth St.

Suite, Apt. #, etc.

27

City & State

28 Ft. Lauderdale, FL

Zip

29 33301

Country

30 USA

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

TITLE DV
NAME HAWKINS, THOMAS W
STREET ADDRESS 450 E. LAS OLAS BLVD., SUITE 1200
CITY-ST-ZIP FT. LAUDERDALE FL 33301 ☐ DELETE

TITLE DVS
NAME HANDLEY, RICHARD L
STREET ADDRESS 450 E. LAS OLAS BLVD., SUITE 1200
CITY-ST-ZIP FT. LAUDERDALE FL 33301 ☒ DELETE

TITLE P
NAME BERRARD, STEVEN
STREET ADDRESS 450 E. LAS OLAS BLVD., SUITE 1200
CITY-ST-ZIP FT. LAUDERDALE FL 33301 ☐ DELETE

TITLE T
NAME MENENDEZ, N. MARIA
STREET ADDRESS 110 S.E. 6TH STREET
CITY-ST-ZIP FT. LAUDERDALE FL 33301 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 110 SE Sixth St.
1.4 CITY-ST-ZIP Ft. Lauderdale, FL 33301

2.1 TITLE DVS
2.2 NAME James O. Cole
2.3 STREET ADDRESS 110 SE Sixth St.
2.4 CITY-ST-ZIP Ft. Lauderdale, FL 33301 ☐ 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 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 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

CR2E034