**FILED** 

Apr 16, 1999 8:00 am Secretary of State

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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000008449

1. Corporation Name

TOWER FOOD & BEVERAGE, INC.

Principal Place	e of Business	Mailing Address								
110 SE 6TH ST	•	110 SE 6TH ST								
SUITE 1200		SUITE 1200			1	D.0	NOTWO	TE IN THIS	COACE	
FT. LAUDERDALE FL 33301		FT. LAUDERDALE FL 33301			<u> </u>	DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed				
US		US				•	or Qualifed			İ
		1				02/01/1995			1	allad Car
2. Principal Pl	lace of Business	2a. Mailing Address			1	FEI Number			<u> </u>	plied For
21		26				<u>65-0558305                                 </u>				t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5.	Certifcate of Status	Desired		\$8.75	
22		27				<del> </del>			Fee Re	equirea
City & State		_City & State	~		6.	Election Campaign	Financing	□ ·~	\$5.00	
23 28		28				Trust Fund Contribu	ıtion		Added t	to Fees
Zip	Country	Zip	_ Country			This corporation ow		ent year Ir		
24	25	29 3	0			Personal Property			☐ Yes	□No
	9. Name and Address of Current	Registered Agent			10.	Name and Addres	s of New I	Registered	Agent	
	000000000000000000000000000000000000000		81	Name						
C T CORPORATION SYSTEM			82 Street Add			.O. Box Number is I	Not Accent	able)		
1200 SOUTH PINE ISLAND ROAD			-	Ollock	/ (dai 000 (i .	.O. DOX (Tallison to .		,		
PLANTATION FL 33324			83							Ì
	•		84					FI	_   ' '	Code
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	, the above	-named	corporation	submits this staten	nent for the	purpose o	f changing its	registered
! office or n	registered agent, or both, in the State o im familiar with, and accept the obligati	t Florida. Such change was auti	norizea ov	ine com	oration's bo	ard of directors. I he	ereby acce	pt the appo	ointment as re	gistered
_	in familiar with, and accept the obligation	3/13 3/1, CC343/1 301 13032, 1 10/12		-						
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: R	egistered Ager	t signature	required when re	instating)		DATE		
12.	OFFICERS AND		13.		A	DDITIONS/CHANG	ES TO OF	FICERS A	ND DIRECTO	RS IN 12
TITLE	DV	DELETE	1,1 TITLE						Change	Addition
NAME	HAWKINS, THOMAS W		1.2 NAME							
STREET ADDRESS	110 SE 6TH ST		1.3 STREET	ADDRESS						ì
[	FT. LAUDERDALE FL 33301		1.4 CITY-S		ļ	•				Ì
CITY-ST-ZIP TITLE	DVS	□ DELETE	2.1 TITLE	1-24					☐ Change	☐ Addition
	COLE. JAMES O		2.2 NAME		]					
NAME	440 05 0511 00				İ					i
STREET ADDRESS			2.3 STREE		1					
CITY-ST-ZIP	FT. LAUDERDALE FL 33301	El perere	2. 4 CITY-5	T-ZIP	<u> </u>	·		_	XX Change	Addition
TITLE	Par mere are not	☐ DELETE	3.1.TITLE		·	•			A.C. Citalige	
NAME	BERRARD, STEVEN		3.2 NAME		110 0	C 6th Ctmo	- <del>-</del>			
STREET ADDRESS	450 E. LAS OLAS BLVD., SUITE	1200	3.3 STREE	ADDRESS	110 21	E 6th Stre	e L			
CITY-ST-ZIP	FT. LAUDERDALE FL 33301		3.4. CITY- S	T-ZIP			<del> </del>			
TITLE	T	<b>XX</b> OELETE	4.1 TITLE		VAS	_		•	Change	Addition
NAME	MENENDEZ, N. MARIA		4, 2 NAME		0. Ma:	son Hurst,				
STREET ADDRESS	110 S.E. 6TH STREET		.,		1					
CITY-ST-ZIP	IN O.C. DILL SINCEI		4.3 STREE	FADDRESS		E 6th Stre				
	FT. LAUDERDALE FL 33301					E 6th Stre auderdale,		3301		
	_ · · · · · · · · · · · · · · · · · · ·	☐ DELETE	4.3 STREE					3301	☐ Change	<b>XX</b> Addition
TITLE	_ · · · · · · · · · · · · · · · · · · ·	☐ DELETE	4.3 STREE 4.4 CITY-S		Ft. La	auderdale,		3301	☐ Change	<b>XX</b> Addition
TITLE NAME	FT. LAUDERDALE FL 33301	☐ DELETE	4.3 STREE 4.4 CITY-S 5.1 TITLE	T-ZIP	Ft. La T Kathle	auderdale, een Hyle	FL 3		☐ Change	<b>XX</b> Addition
TITLE NAME STREET ADDRESS	FT. LAUDERDALE FL 33301	☐ DELETE	4.3 STREE 4.4 CITY-S 5.1 TITLE 5.2 NAME 5.3 STREE	T-ZIP	Ft. La T Kathle 200 S	auderdale, een Hyle . Andrews	FL 3		☐ Change	<b>XX</b> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FT. LAUDERDALE FL 33301	-	4.3 STREE 4.4 CITY-S 5.1 TITLE 5.2 NAME	T-ZIP	Ft. La T Kathle 200 S Ft. La	auderdale, een Hyle	FL 3		☐ Change	<del></del>
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	FT. LAUDERDALE FL 33301	☐ DELETE	4.3 STREE 4.4 CITY-S 5.1 TITLE 5.2 NAME 5.3 STREE 5.4 CITY-S 6.1 TITLE	T-ZIP	Ft. La T Kathle 200 S Ft. La	auderdale, een Hyle . Andrews auderdale,	FL 3			XXAddition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FT. LAUDERDALE FL 33301	-	4.3 STREE 4.4 CITY-S 5.1 TITLE 5.2 NAME 5.3 STREE 5.4 CITY-S	T-ZIP FADDRESS T-ZIP	Ft. La T Kathle 200 S Ft. La AT Howard	auderdale, een Hyle . Andrews	FL 3 Avenue FL 3	3301		<del></del>

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 with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

REM James O. Cole SOUTE STATES IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ft. Lauderdale, FL

(954) 769-6000

Daytime Phone #

33301