

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Jun 04 1997 8:00am
Secretary of State

DOCUMENT # P95000035515 (2)

1. Corporation Name

REFRESHMENT DISTRIBUTORS, INC.

Principal Place of Business

21582 TOWN PLACE DR.
BOCA RATON FL 33433

Mailing Address

21582 TOWN PLACE DR.
BOCA RATON FL 33433-3705



2. Principal Place of Business

21 4009 Pembroke Rd.

Suite, Apt. #, etc.

22

2a. Mailing Address

26 4009 Pembroke Rd.

Suite, Apt. #, etc.

27

City & State

28 Hollywood FL

Zip

24 33021

Country

25 USA

Zip

29 33021

Country

30 USA

9. Name and Address of Current Registered Agent

BARON, GRACE L
21582 TOWN PLACE DR.
BOCA RATON FL 33433

3. Date Incorporated or Qualified

05/05/1995

3a. Date of Last Report

05/01/1996

4. FEI Number

65-0578797

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 has liability for intangible tax under s. 199.032,
Florida Statutes



Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

Albert J. LEAVITT

82 Street Address (P.O. Box Number is Not Acceptable)

4009 Pembroke Rd.

83

84 City

Hollywood

FL

85 Zip Code

33021

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)

5/27/97

12. OFFICERS AND DIRECTORS

TITLE D
NAME BARON, GRACE L
STREET ADDRESS 21582 TOWN PLACE DR.
CITY-ST-ZIP BOCA RATON FL 33433

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P
1.2 NAME ALBERT JAY LEAVITT
1.3 STREET ADDRESS 4009 Pembroke Rd.
1.4 CITY-ST-ZIP HOLLYWOOD FL. 33021

2.1 TITLE V
2.2 NAME ALBERT JAMES LEAVITT
2.3 STREET ADDRESS 4281 W. MCNAB RD. APT 12
2.4 CITY-ST-ZIP Pompano Bch. 33069

3.1 TITLE T
3.2 NAME DALE LEAVITT
3.3 STREET ADDRESS 4009 Pembroke Rd.
3.4 CITY-ST-ZIP Hollywood FL. 33021

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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

Grace L. Baron

Albert J. Leavitt

4/29/97

954 981 7311

CR2E034 (9/96)