

FILE NOW: FILING FEE AFTER MAY 1 IS \$225 ⁵⁰

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P95000041123 (7)

1. Corporation Name

HARBOR CITY BREWING COMPANY



Principal Place of Business

Mailing Address

505 COCONUT DRIVE
INDIALANTIC FL 32903

505 COCONUT DRIVE
INDIALANTIC FL 32903

3. Date Incorporated or Qualified
05/22/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 SAME AS ABOVE

26 P.O. BOX 33415

4. FEI Number

59-3361271

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

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

28 City & State

INDIALANTIC, FL.

24 Zip

25 Country

29 Zip

32903

30 Country

U.S.A

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RANALLO, JAMES F
505 COCONUT DRIVE
INDIALANTIC FL 32903

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 and official name of the registered agent

Official Registered Agent signature and date when registered

DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---|---|---|
| TITLE | PRESIDENT <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | JAMES F. RANALLO | 1.2 NAME | |
| STREET ADDRESS | 505 Coconut Dr. | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | INDIALANTIC, FL. 32903 | 1.4 CITY-ST-ZIP | |
| TITLE | SECRETARY <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | JAMES BRAUN | 2.2 NAME | |
| STREET ADDRESS | 71 HIGH ST | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | IPSWICIT, MA. 01938 | 2.4 CITY-ST-ZIP | |
| TITLE | TREASURER <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PAUL SYLVA | 3.2 NAME | |
| STREET ADDRESS | WEST WARE | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | ROCKPORT, MASS. 01966 | 3.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

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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

James F. Ranallo

4/23/96

407-726-9780

CR2E034 (12/95)