

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 name and office of registered agent (if not applicable)

(If FEI Registered Agent, signature and office are required when registering)

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 BRAUNVAE	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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***200.00

S-1-96
AEB

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/96

407-726-9780

CR2E034 (12/95)