F CORI ANNU	NOW: FILING FEE PROFIT PORATION AL REPORT 1996 MENT # P9500		FLORIDA DEPA Sandra	RTMENT C B. Morthar ary of State CORPOR/	DF STATE n		
1. Corporation Name ROOT BEER, INC. Principal Place of Business M 18352 NORTHWEST 7TH STREET PEMBROKE PINES FL 33029 2. Principal Place of Business 2a Suite, Apt. #, etc. 22 City & State 28 Zip Country			tailing Address 18352 NORTHWEST 7TH STREET PEMBROKE PINES FL 33029				
			Mailing Address			3. Date incorporated or Qualified 3a. Date of Last Report 06/12/1995 4. FELNumber Appled For	
	ade di Edisinessi	n	Maning Address			65-0588007 Not Applicable	
	¥, etc.		Suite Apt. #, etc			5. Certilicate of Status Desired \$8.75 Additional Fee Required	
City & State			City & State			6. Election Campaign Financing Trust Fund Contribution C Added to Fees	
Zip	·		Zip	Cou	ntry	 8. This corporation has liability for intangible tax under s 199.032. Florida Statutes	
4	25 9. Name and Address of Curre	29 nt Regis	tered Agent	30	·	10. Name and Address of New Registered Agent	
110 E. SUITE	N, DEBRA L ESO. BROWARD BLVD. 650 LAUDERDALE FL 33301				81 Name 82 Street Ac 83	idress (P.O. Box Number is Not Acceptable)	
or registeri familiar wit SIGNATURE	o the provisions of Sections 60? 050: ed agent, or both, in the State of Flor h, and accept the obligations of, Sec Syname, types or prost raise of regioned age OFFICERS AN	ida Suct hon 607.) hon 11	i change was authoriz 0505, Florida Statutes	ed by the c i.	orporation's bi	added with this statement for the purpose of changing its registered off o oard of directors. Thereby accept the appointment as registered agent. Lam <u>DATE</u> ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	President William Freund 18352 NW 725 St Rembroke Pines, FL	3302	C) DELETE			Change 🔲 Addition	
THLE NAME STREET ADDRESS CITY - ST - ZIP	Vice-Aresident Amy Freund 18352 NH 7th St Ambroke Ames, FL	3303				🗋 Change 🛄 Addition	
TITLE NAME STREET ADORESS CITY - ST - ZIP			☐ DELETE		•	Change Addition	
TITLE NAME SYREET ADDRESS CITY - ST - ZIP			DELETE			Change 🔲 Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP			DELETE	5 1 T 5 2 N 5 3 SI	TL?	Change [] Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		JA	DELETE	6 1 T 6 2 N/ 6 3 S 6 4 C	TLE IME REET ADDRESS TY: ST-ZiP	-06/18/9601012006 ****225.00	
certify that oath; that	the information indicated on this and I am an officer or director of the corp Block 12 or Block 13 if changed, or	oration o on an at	d or supplemental ann ir the receiver or truste	nual report i e empowe ress o Fre	s true and acc red to execute	 for the exemption stated in Section 119 07(3)(k), Florida Statutes. I further urate and that my signature shall have the same legal effect as if made under this report as required by Chapter 607, Florida Statutes, and that my name 04-30-96 04-30-9	