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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

DOCUMENT #

P95000046099

1. Corporation Name

Root Beer, Inc.

Principal Place of Business

Mailing Address

18352 N.W. 7th Street

**FILED** May 10, 1999 8:00 am Secretary of State 05-10-1999 90238 022 \*\*\*150.00

| Pembroke Pines FL 33029                             |         | DO NOT WRITE IN THIS SPACE  |                                   |  |  |  |
|---|---------|---|-----------------------------------|--|--|--|
|   |         | 3. Date Incorporated or Qualifed                                  |                                   |  |  |  |
| Principal Place of Business     2a. Mailing Address |         | 4. FEI Number   | Applied For                       |  |  |  |
| 21 10301 NW 7+h Street 26                           |         | 65-0588007  | Not Applicable                    |  |  |  |
| Suite, Apt. #, etc. Suite, Apt. #, etc. 27          |         | 5. Certifcate of Status Desired                                   | \$8.75 Additional<br>Fee Required |  |  |  |
| City & State  Plantation FL  28  City & State       |         | 6. Election Campaign Financing Trust Fund Contribution            | \$5.00 May Be<br>Added to Fees    |  |  |  |
|   | ıntry   | This corporation owes the current year     Personal Property Tax. | Intangible ☑ No                   |  |  |  |
| Name and Address of Current Registered Agent        |         | 10. Name and Address of New Registere                             | d Agent                           |  |  |  |
| Debra Zelman  | 81 Name |   |                                   |  |  |  |
| 110 E. Broward Blvd.                                |         | 2 Street Address (P.O. Box Number is Not Acceptable)              |                                   |  |  |  |
| Suite 650   | 83      |   |                                   |  |  |  |
| Ft. Lauderdale Fl 33301                             | 84 City |   | 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 of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)  DATE |  |                    |                     |        |                 |  |  |  |
|---|--|--------------------|---------------------|--------|-----------------|--|--|--|
| 12.   |  |                    |                     |        |                 |  |  |  |
| TITLE   | President DELETE   | 1.1 TITLE          | President,          | Change | ☐ Addition      |  |  |  |
| NAME  | william Freund .   | 1.2 NAME           | William Fround      |        |                 |  |  |  |
| STREET ADDRESS  | William Freund<br>1835a NW 7th Street  | 1.3 STREET ADDRESS | 10301 NW 7+h Street |        |                 |  |  |  |
| CITY-ST-ZIP   | Pembroke Pines FL 33029  | 14 CITY-ST-ZIP     | Plantation FL 33324 |        |                 |  |  |  |
| TITLE   | Vice President DOELETE   | 2.1 TITLE          | Vice President      |        | ☐ Addition      |  |  |  |
| NAME  | Amy Freund   | 2.2 NAME           | Amy Freund          |        |                 |  |  |  |
| STREET ADDRESS  | 1835à NW 7th Street  | 2.3 STREET ADDRESS | 10301 NW 7+n Street |        |                 |  |  |  |
| CITY-ST-ZIP   | Rembrohe Pines FL 33029  | 2.4 CITY-ST-ZIP    | Plantation Fl 33324 |        |                 |  |  |  |
| TITLE   | □ DELETE   | 3.1 TITLE          |                     | Change | Addition        |  |  |  |
| NAME  | ,  | 32 NAME            |                     |        | · <del></del> - |  |  |  |
| STREET ADDRESS  |  | 3.3 STREET ADDRESS |                     |        |                 |  |  |  |
| CITY-ST-ZIP   |  | 3.4. CITY-ST-ZIP   |                     |        |                 |  |  |  |
| TITLE   | C DELETE   | 4.1 TITLE          |                     | Change | ☐ Addition      |  |  |  |
| NAME  |  | 4 2 NAME           |                     |        |                 |  |  |  |
| STREET ADDRESS  |  | 4.3 STREET ADDRESS |                     |        |                 |  |  |  |
| CITY-ST-ZIP   |  | 4.4 CITY-ST-ZIP    |                     |        |                 |  |  |  |
| TITLE   | ☐ DELETE   | 5.1 TITLE          |                     | Change | ☐ Addition      |  |  |  |
| NAME  |  | 52 NAME            |                     |        |                 |  |  |  |
| STREET ADDRESS  |  | 5.3 STREET ADDRESS |                     |        |                 |  |  |  |
| CITY-ST-ZIP   |  | 5.4 CITY-ST-ZIP    |                     |        |                 |  |  |  |
| TITLE   | ☐ DELETE   | 6.1 TITLE          |                     | Change | ☐ Addition      |  |  |  |
| NAME  |  | 6.2 NAME           |                     |        |                 |  |  |  |
| STREET ADDRESS  |  | 6.3 STREET ADDRESS |                     |        |                 |  |  |  |
| CITY-ST-ZIP   | adiffer that the information appolied with this filling door not applify for the | 6.4 CITY-ST-ZIP    |                     |        |                 |  |  |  |

Incrept 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 informatic 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 erron an attachment with an address, with all other like empowered.

SIGNATURE:

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)