

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P95000049631 (1)**

1. Corporation Name

FERMENTATIONS AT SEASIDE, INC.



Principal Place of Business

**25 CENTRAL SQUARE, B1
SEASIDE FL 32459**

Mailing Address

**3810 PLAZA ST.
COCONUT GROVE FL 33133**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

**THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD
343 ALMERIA AVENUE
CORAL GABLES FL 33134**

3. Date Incorporated or Qualified

06/26/1995

3a. Date of Last Report

4. FFL Number

59-3321535

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 **PAMELA F. NOONAN**

82 Street Address (P.O. Box Number is Not Acceptable)
3810 PLAZA ST.

83

84 City **COCONUT GROVE**

FL

85 Zip Code
33133

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 **Pamela F. Noonan**

3-4-96

OFFICERS AND DIRECTORS

12. TITLE ☐ DELETE
NAME **PD NOONAN, BRUCE**
STREET ADDRESS **25 CENTRAL SQUARE, B1**
CITY-STATE-ZIP **SEASIDE FL 32459**

TITLE ☒ DELETE
NAME **VD SPALDING FARDIE, SHERRY**
STREET ADDRESS **25 CENTRAL SQUARE, B1**
CITY-STATE-ZIP **SEASIDE FL 32459**

TITLE ☐ DELETE
NAME **SD NOONAN, PAMELA F**
STREET ADDRESS **25 CENTRAL SQUARE, B1**
CITY-STATE-ZIP **SEASIDE FL 32459**

TITLE ☒ DELETE
NAME **TD FARDIE, KEN**
STREET ADDRESS **25 CENTRAL SQUARE, B1**
CITY-STATE-ZIP **SEASIDE FL 32459**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY-STATE-ZIP

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-STATE-ZIP

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-STATE-ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-STATE-ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-STATE-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY-STATE-ZIP

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:

Bruce Noonan
BRUCE NOONAN, President

3-4-96

305854 0580

SG 5-1-96

CR2E034 (12/95)