

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Shandra B. Mathison
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000051665 (4)

1. Corporation Name

AUTOBEVERAGES, INC.



Principal Place of Business

1601 MARINA ISLE WAY
JUPITER FL 33477

Mailing Address

1601 MARINA ISLE WAY
JUPITER FL 33477

2. Principal Place of Business

2a. Mailing Address

21

State, Apt., Rm., etc.

26

State, Apt., Rm., etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

9. Name and Address of Current Registered Agent

DEHON, FREDERICK T JR.
5806 PGA BLVD.
SUITE 211
PALM BEACH GARDENS FL 33418

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 119.03(2) and 607.14(1)(b), 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, thereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.03(2), Florida Statutes.

SIGNATURE

Signature of Registered Agent or Director

Signature of Secretary or Treasurer

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	SIMOE, JACK	
STREET ADDRESS	1601 MARINA ISLE WAY	
CITY-STATE-ZIP	JUPITER FL 33477	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13.

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-STATE-ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY-STATE-ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY-STATE-ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY-STATE-ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. 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 under Section 119.03(2)(b), 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 prepare this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on a ratification with an address.

SIGNATURE:

Jack Simoes (JACK SIMOES)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/96

407-626-3138

CR2E034 (12/95)