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

PROFIT
CORPORATION
ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000064817 (6)

BORN AGAIN BOTTLES, ETC. INC.

FILED Apr 29 1998 8:00am Secretary of State

Principal Place	e of Business	Malling Address					
5214 SW 1491	TH PLACE	5214 SW 149TH PLACE MIAMI FL					
MIAMI FL		MIAMI FL				DO NOT WRITE IN THIS SPACE	
I						3. Date Incorporated or Qualified	
						08/21/1995	
2. Principal Place of Business 2a. Mailing Address						4. FEI Number Applied For	
21 5d/	4 S.W.149TH PL	26				65-0606692 Not Applicable	
Suite, Apt	#, elc.	<u> </u>	Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional	
22 27						Fee Required	
City & State City & Sta						6. Election Campaign Financing \$5.00 May Be	
23		28	· 	<u> </u>		Trust Fund Contribution	
Zip Country		Zip		Country		8. This corporation owes or has paid the current year Intanglole	
24	25 9. Name and Address of Currer	29 29 Agent	30			Personal Property Tax due June 30. Yes No No.	
140	·	ii iiogistataa Again		81	Name	It, Italie bita Address of New Hogistales Agent	
MCQUESTEN, SHANNON							
5214 SW 149TH PLACE MIAMI FL				82	Street A	ddress (P.O. Box Number is Not Acceptable)	
MIA	WII IFL			83			
				84	City	FL 85 Zip Code	
44 Purcuant i	to the provisions of Sections 607.050	12 and 607 1509. Flo	rida Statutes, th	io abou	o named c		
office or re	egistered agent, or both, in the State	of Florida, Such cha	inge was autho	rized b	y the corpo	corporation submits this statement for the purpose of changing its registered pration's board of directors. I hereby accept the appointment as registered	
agent. I a	m tamiliar with, and accept the oblig	ations of, Section 60	4 _	١.	s • • • • • • • • • • • • • • • • • • •	11/24/200	
SIGNATURE (Sign rate typed or printed name of registered a p	ent and title if applicable) FL	ont signature re	estina when reliastating) DATE	
12.		D DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P		DELETE	1.1 THLE	T	Change Additio	
NAME	MCQUESTEN, SHANNON			1.2 NAME			
STREET ADDRESS	5214 SW 149TH PL			1.3 STREE	ADDRESS		
CITY-ST-ZIP	MIAMI FL 33185		1,	1.4 CHY-5	ST-ZIP		
TITLE	V			2 1 11TLE		Change Additio	
NAME	MCQUESTEN, KURT		4	2 2 NAME			
STREET ADDRESS	5214 SW 149TH PL		2	2 3 STREE	ADDRESS		
CITY-ST-ZIP	MIAMI FL 33185		2	2 4 CITY-	ST - ZIP		
TITLE	\$T		DELETE	3.1 THTLE		Change Additio	
NAME	\$ CHNEIDER, SANDRA		3	3.2 NAME	1		
STREET ADDRESS	2146 OVERSEAS HWY, LOT	NO. 10		3.3 STREE	F ADDRESS		
CITY+ST-ZIP	MARATHON FL 33050		3	3.4. CITY-	ST-ZIP	·	
TITLE			DELETE	4.1 TITLE		Change Additio	
NAME				4. 2 NAME			
STREET ADDRESS			4	4.3 STREE	r address		
CITY-ST-ZIP				4.4 CITY - S	ST-ZIP		
TITLE			DELETE	5.1 TITLE		☐ Change ☐ Additio	
NAME			5	5.2 NAME	1		
STREET ADDRESS			5	5.3 STREET	ADDRESS		
CITY+ST-ZIP	-			5.4 CITY - S	ST - ZIP		
TITLE		□ t	DELETE 6	5 1 TITLE		Change Additio	
NAME			6	5.2 NAME			
STREET ADDRESS				5.3 STREET	ADDRESS		
CITY-ST-ZIP	····			5.4 CITY - S			
14. I hereby c	ertify that the information supplied won this annual report or suppliements	ith this filing does no al annual report is tru	ot qualify for the	exemp	ition stated at my sion:	in Section 119.07(3)(i), Florida Statutes. I further certify that the information alure shall have the same legal effect as if made under oath; that I am an	
officer or o	director of the corporation or the reci	eiver or trustee empo	owered to execu	ite this	report as r	equired by Chapter 607, Florida Statutes; and that my name appears in	
Block 12 o	or Blo ck 13 if changed, or on an atta	chment with an addr	ess.				