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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

P95000073805 DOCUMENT # 1. Corporation Name

ARP BEVERAGE, INC.

Principal Place of Business

7536 REPUBLIC DR

Mailing Address

7536 REPUBLIC DR

FILED Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90017 001 ***158.75



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3 28 19 28 USA 28 3 28 19 30 USA Personal Property Tax Ves No 9. Name and Address of Current Registered Agent ALENCAR, OLIMPIO J R 7536 REPUBLIC DR ORLANDO FL 32819 81 Name 82 Streat Address (P.O. Box Number is Not Acceptable) 83 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-more corporation submits this statement for the purpose of changing list registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes, the above-more corporation submits this statement for the purpose of changing list registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes, the above-more corporation submits this statement for the purpose of changing list registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes, the above-more corporation submits this statement for the purpose of changing list registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes, the above-more corporation submits this statement for the purpose of changing list registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes, the above-more corporation submits this statement for the purpose of changing list registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes, the above-more department of the purpose of changing list registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes, the above-more department of the purpose of changing list registered agent. I am familiar with, and accept the department of the purpose of changing list registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes, the above-more department of the purpose of changing list registered agent. I am familiar with, and accept the agent. I am familiar with, and accept the age						Added to Fees	
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7538 REPUBLIC DR ORLANDO FL 32819 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 agent, 1 am familiar with, and accept the obligations of, Section 607.0505, Florida_Statutes. SIGNATURE Signature, upped or protest name of registered agent and size a applicable. OFFICERS AND DIRECTORS 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. ITILE DV							
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11_Pursuant to the provisions of Sections 607.0502 and 807.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registerer office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. Thereby stocaph the applicationer of section 67.0505, Florida Statutes. Signature Signat		•	8	4 City	E1 8	5 Zip Code	
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CITY-ST-ZIP 14. Liberphy certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes, I further certify that the information							

r neighbor this annual report or supplied with this hing does not quality for the exemptor saled in Section 175.07(5)(f), it leads a statutes. I think the think that it 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, with all other like empowered.

SIGNATURE:

EMONDURE REQUIRED AND TYPES OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR