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FILED

Apr 01 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P95000083859 (5)

1. Corporation Name  
XTREME JUICE, INC.

Principal Place of Business

33 SAN YSIDOR CT  
SUITE #310  
CASSELBERRY FL 32707  
US

Mailing Address

2428 LAKE VISTA COURT  
SUITE #310  
CASSELBERRY FL 32707-6466  
US

2. Principal Place of Business

21 7542 UNIVERSITY BLVD  
Suite, Apt. #, etc.

22

City & State

23 WINTER PARK FL

Zip

24 32792

Country

25

2a. Mailing Address

26 7542 University Blvd  
Suite, Apt. #, etc.

27

City & State

28 WINTER PARK, FL

Zip

29 32792

Country

30

ORANGE

9. Name and Address of Current Registered Agent

CLAUSSEN, SCOTT  
2428 LAKE VISTA COURT #310  
CASSELBERRY FL 32707

3. Date Incorporated or Qualified  
10/26/1995

3a. Date of Last Report  
01/30/1996

4. FEI Number

NEW ID  
58-3350764-59-3345743

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

SCOTT CLAUSSEN

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

7542 UNIVERSITY BLVD

83

84 City

WINTER PARK

FL

85 Zip Code

32792

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: SCOTT CLAUSSEN DIRECTOR DATE: 3/24/97

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME CLAWSON, MATT  
STREET ADDRESS 2428 LAKE VISTA COURT #310  
CITY-ST-ZIP CASSELBERRY FL

TITLE D ☐ DELETE

NAME CLAUSSEN, SCOTT  
STREET ADDRESS 2428 LAKE VISTA COURT #310  
CITY-ST-ZIP CASSELBERRY FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #

0082218

CR2E034 (9/96)