SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # P95000088272 (6)

1. Corporation Name
FIREHOUSE BREWING COMPANY

Principal Place of Business
7902 NW 64TH ST
MIAMI FL

Mailing Address
7902 NW 64TH ST
MIAMI FL

3. Date Incorporated or Qualified: 11/16/1995
3a. Date of Last Report:

2. Principal Place of Business
21 7902 NW 64TH STREET
Suite, Apt #, etc
22
City & State
23 MIAMI FL
Zip
24 33166
Country
25 DADE

2a. Mailing Address
26 7902 NW 64TH ST
Suite, Apt #, etc
27
City & State
28 MIAMI FL
Zip
29 33166
Country
30 DADE

4. FEI Number: 65-0620399 ☐ 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

9. Name and Address of Current Registered Agent
FINK, BRIAN L
1700 ALFRED I. DUPONT BLVD
169 E FLAGLER ST
MIAMI FL 33131

10. Name and Address of New Registered Agent
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 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 ____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DVS	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	JOHNSON, KILEY J		1.2 NAME	
STREET ADDRESS	7902 NW 64TH ST		1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP	
TITLE	DPT	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	SCHALK, CHRISTOPHER T		2.2 NAME	
STREET ADDRESS	7902 NW 64TH ST		2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	SCHALK, THOMAS G		3.2 NAME	
STREET ADDRESS	2608 PINE RIDGE RD		3.3 STREET ADDRESS	
CITY-ST-ZIP	KALAMAZOO MI 49008		3.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	PARFET, WILLIAM U		4.2 NAME	
STREET ADDRESS	5672 NORTHWOOD DR		4.3 STREET ADDRESS	
CITY-ST-ZIP	HICKORY CORNERS MI 49060		4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	700001875837
STREET ADDRESS			6.3 STREET ADDRESS	-06/26/96--01032--030
CITY-ST-ZIP			6.4 CITY-ST-ZIP	***225.00

CR2E034 (3/96)

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 617, 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
CHRISTOPHER T. SCHALK PRESIDENT

6/15/96 Date
305-718-9620 Daytime Phone #
CS 6/25/96