


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

0218921

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

04-20-1999 90306 007 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P95000095890**

1. Corporation Name  
**TITANIC BREWING COMPANY, INC.**



Principal Place of Business <del>2431 TRAPP AVENUE</del> <del>COCONUT GROVE FL 33133</del>	Mailing Address <b>5813 PONCE DE LEON BLVD</b> <b>CORAL GABLES FL 33146</b> <b>US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21 5813 Ponce de Leon Blvd</b> Suite, Apt. #, etc.: <b>22</b> City & State <b>23 Coral Gables FL</b> Zip Country <b>24 33146 25 USA</b>	2a. Mailing Address <b>26</b> Suite, Apt. #, etc.: <b>27</b> City & State <b>28</b> Zip Country <b>29 30</b>	3. Date Incorporated or Qualified <b>12/15/1995</b>	4. FEI Number <b>65-0645958</b>	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	
		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

**JASLOW, CRAIG A**  
**9351 FOUNTAINBLEAU BLVD**  
**SUITE B-307**  
**MIAMI FL 33172**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTSD <input type="checkbox"/> DELETE	1.1 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUSK, KEVIN	1.2 NAME	Kevin D. Rusk
STREET ADDRESS	2431 TRAPP AVENUE	1.3 STREET ADDRESS	5813 Ponce De Leon Blvd
CITY-ST-ZIP	COCONUT GROVE FL 33133	1.4 CITY-ST-ZIP	Coral Gables FL 33146
TITLE	VPD <input type="checkbox"/> DELETE	2.1 TITLE	Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUSK, MICHAEL	2.2 NAME	Michael Rusk
STREET ADDRESS	2431 TRAPP AVENUE	2.3 STREET ADDRESS	5813 Ponce de Leon Blvd
CITY-ST-ZIP	COCONUT GROVE FL 33133	2.4 CITY-ST-ZIP	Coral Gables FL 33146
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	Dr Stephen Sallium
STREET ADDRESS		3.3 STREET ADDRESS	27350 Ridge Lake Ct.
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Bonita Springs Fl 33923
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	Olav Swit - Co-Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	3109 Grand Ave #273
STREET ADDRESS		4.3 STREET ADDRESS	Coconut Grove FL 33133
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	Co-Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Gary Jensen
STREET ADDRESS		5.3 STREET ADDRESS	13948 Fletchers Mill Dr.
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Tampa FL 33613
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE: Kevin Rusk President 4/15/99 305-668-1742  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)