FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P95000097622 (1)**

1. Corporation Name

INDEPENDENCE BREWING COMPANY OF FLORIDA

Principal Place of Business	Mailing Address
%BRADSHAW LOTSPEICH. P.A. 950 S MIAMI AVE MIAMI FL 33130-4121	%BRADSHAW LOTSPEICH. P.A. 950 S MIAMI AVE MIAMI FL 33130-4121

3. Date Incorporated or Qualified: 12/21/1995
3a. Date of Last Report:

2. Principal Place of Business
21 111 SW 2nd AVENUE
22 Suite, Apt. #, etc.
23 City & State: FT. LAUDERDALE, FL
24 Zip: 33302 25 Country:

2a. Mailing Address
26 P.O. BOX 14276
27 Suite, Apt. #, etc.
28 City, & State: FT. LAUDERDALE, FL
29 Zip: 33302 30 Country:

4. FEI Number: 65 065 4916 ☐ 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

BRADSHAW LOTSPEICH, P.A.
950 S MIAMI AVE
MIAMI FL 33130-4121

10. Name and Address of New Registered Agent

81 Name: JACK Phillips JOHN PHILLIPS ESQ
82 Street Address (P.O. Box Number is Not Acceptable): 1501 N.E 4th AVE
83
84 City: Ft LAUDERDALE FL 85 Zip Code: 33305

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: JACK PHILLIPS DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ☐ DELETE KOEGLER, MICHAEL H %BRADSHAW LOTSPEICH, P.A., 950 S MIAMI AVE MIAMI FL 33130-4121	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	☑ Change ☐ Addition PRES. MICHAEL KOEGLER. %] JACK PHILIPS 1501 N.E. 4th AVE FT. LAUDERDALE 3330
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ☐ DELETE CONNOR, ROBERT W JR %BRADSHAW LOTSPEICH, P.A., 950 S MIAMI AVE MIAMI FL 33130-4121	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	☑ Change ☐ Addition V.P. CONNOR Roberts. %] JACK Phillips 1501 NE. 4th AV. Ft Lauderdale 33305
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	600001883416 -07/03/96--01051--030 ***225.00 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition 7/2 JR

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)(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: Michael Koegler, PRESIDENT 5/1/96 954-524-2111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)