FILED Apr 02, 1999 8:00 am Secretary of State

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P95000097622**1. Corporation Name

INDEPENDENCE BREWING COMPANY OF FLORIDA

						18801980	TOTAL TOO			
Principal Place	e of Business	Mailing Address			1					
111 SW 2ND A	VE.	PO BOX 14276								
FT. LAUDERDALE FL 33302 FT. LAUYDERDALE FL 33302			2	DO NOT MOITE IN THIS SPACE			_			
						DO NOT WRITE IN THIS SPACE				
						3. Date Incorporated or Qualifed				
						12/21/1995				
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number	L	App	olied For	
21		26			- 1	65-0654916		Not	Applicable	
Suite, Apt.	#, etc	Suite, Apt. #, etc.				5. Certificate of Status Desired	- \$8	. 75 A	dditional	
22		27				5. Certificate of Status Desired	F	ee Re	quired	
City & State	e	City & State				6. Election Campaign Financing	\$	5.00	May Be	
23		28				Trust Fund Contribution	Ā	dded to	Fees	
Zip	Country	· Zip	Count	ry		a. This corporation owes the current year In	tangible	}		
24	25	29	30			Personal Property Tax.	ŬYe			
	9. Name and Address of Curre	<u> </u>			1	0. Name and Address of New Registered	Agent			
***	3. 142113 2112 7433 313 313		8	11 Name	•					
PHIL	LIPS, JACK (JOHN). ESQ.		_							
1501 NE 4TH AVE.			8	82 Street Address (P.O. Box Number is Not Acceptable)						
FT. LAUDERDALE FL 33305			_	13						
L 1. F	AODENDALL I C 33303		•						Í	
			ε	4 City			85	Zip C	ode	
		<u></u>				Fl	<u>- </u>			
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statute	s, the abo	ve-name	d corporat	tion submits this statement for the purpose o board of directors. I hereby accept the appo	i chang intment	ng its as rec	registered i	
office or re	egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida. Such change was au ations of. Section 607.0505, Flori	ida Statut	es.	porations	board of directors, Thereby accept the appe	41011011	40.05	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	12								{	
SIGNATURE	Signature, typed or printed name of registered age	ent and trüe if applicable. (NOTE: I	Registered A	jent signature	required who	en reinstating) DATE				
12.	OFFICERS A	ND DIRECTORS	13.			A THE STATE OF THE SERVICE OF THE SE	AL DIB	ECTO		
TITLE	Р					ADDITIONS/CHANGES TO OFFICERS A				
NAME		☐ DELETE	1.1 TITLE	<u> </u>		ADDITIONS/CHANGES TO OFFICERS A		nange	Addition	
			1.1 TITLE 1.2 NAM			ADDITIONS/CHANGES TO OFFICERS A				
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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.

6.2 NAME

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

SIGNATURE:

NAME