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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

May 09 1997 8:00am

Secretary of State

AdleUn. 1472

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000020826 (9)

EVERGLADES BEVERAGE COMPANY, SWF

Principal Place of Business Mailing Address								DELLA ISEST ANDIAL		FILL INDI
7330 GLADIOLU FT MYERS FL 3			7330 GLADIOLUS DR FT MYERS FL 33908-5118				·			
							3. Date Incorporated or Qualified 03/04/1996	3a. Date	of Last Ro	oport
2. Principal Pl	lace of Business	2a. Mailing	Address	·····		·	4. FEI Number		Ap	plied For
21		26					65-0653057		No	t Applicable
Sulte, Apt.	#, etc.	Suite, A	Suitc, Apt. #, etc.				5. Certificate of Status Desired			
City & State		City & S	City & State				Election Campaign Financing \$5.00 May Be			
23		28					Trust Fund Contribution		Added to	
Zip	Country	Zıp	Zipi Country				8. This corporation has liability for intangible tax under s. 199.032,			
24	25	29					Florida Statutes Yes No			
	9. Name and Address of Curr	ent Registered Ag	ent				10. Name and Address of New Re	gistered Age	ant	
WATI	KINS, WILLIAM			8	11	Name				
	CORNWALLIS PARKWAY E CORAL FL 33904				2	Street Addre	idress (P.O. Box Number is Not Acceptable)			
V,				8	3					
				-	-	03				
44 5	10 diameter 207 0	500 and 607 4100	Fire de Diet			City		- FL !	85 Zip (
office or re agent. I a	egistered agent, or both, in the Sta m familiar with, and accept the ob	ite of Florida. Such igations of, Section	change was a 607.0505, Flo	es, the abc authorized orida Statut	by I tes	named corpo the corporatio	oration submits this statement for the pon's board of directors, I hereby acce	ourpose of ch of the appoin	anging iti tment as	s registered registered
SIGNATURE	Signature, typed or printed name of registered	agent and little if applicable	: (NO1)	E Flegislereo /	\gent	signature required	o when reinstating)	DATE		
12.	OFFICERS A	ND DIRECTORS		13.			ADDITIONS/CHANGES TO OFFI	CERS AND D	IRECTOR	S IN 12
TITLE	D		DELETE	1.1 100	F				Change	Addition
NAME	WATKINS, WILLIAM			1.2 NAM	IE	}				
STREET ADDRESS	1911 CORNWALLIS PARKWA	·Υ		1,3 STRE	EL A	ODRESS				
CITY-ST-ZIP	FT MYERS FL 33904			1,4 City	-51-	ZIP				ſ
TITLE			DELETE	2.1 1111.0	Ē				Change	Addition
NAME :				2 2 NAM	Æ					
STREET ADDRESS				2 3 STRE	ET AI	DDRESS				
CITY-ST-ZIP				2 4 C(T)	Y - ST -	- Z IP				
TITLE			DELETE	3 1 TITL	£				Change	Addition
NAME				3 2 NAM	I.E					
STREET ADDRESS				3 3 STRE	ET AI	DDRESS				
CITY-ST-ZIP				3.4. CITY	Y-\$1-	- ZIP				
TITLE			DELETE	4.1 TITU	E				Change	Addition
NAME				4.2 NAN	ΛE					
STREET ADDRESS				4.3 STRE	EET AI	DORESS				
CITY-ST-ZIP				4.4 CITY	- \$1-	2IP				
TITLE			DELETE	5.1 THILE	F				Change	Addition
NAME				5.2 NAM	1F					
STREET ADDRESS				5.3 STRE	ET AI	DDRESS				
CITY-ST-ZIP				5.4 CITY	- ST -	ZIF				
TITLE			DELETE	6 1 1171	F			L	Change	Addition
NAME				6.2 NAM	IE	ĺ				
STREET ADDRESS				6.3 STRE	ELT A	DDRESS				

14. I do hereby certify that the information supplied with this filling 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