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Mar 11 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000030994 (3)

1. Corporation Name:
BEVTIM, INC.



Principal Place of Business
9801 SOUTH INDIAN RIVER DRIVE
FT. PIERCE FL 34982

Mailing Address
9801 SOUTH INDIAN RIVER DRIVE
FT. PIERCE FL 34982-7847

3. Date Incorporated or Qualified
03/29/1996

3a. Date of Last Report

2. Principal Place of Business
21 9801 So Indian River Dr
Suite, Apt. #, etc.

2a. Mailing Address
26 Same
Suite, Apt. #, etc.

4. FEI Number
65-0687365

☒ Applied For
☐ Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MYERS, BEVERLY J
9801 SOUTH INDIAN RIVER DRIVE
FT. PIERCE FL 34982

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

Beverly J. Myers

(NOTE: Registered Agent signature required when reinstating)

3/6/97

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D MYERS, BEVERLY J
NAME
STREET ADDRESS 9801 SOUTH INDIAN RIVER DRIVE
CITY- ST- ZIP FT. PIERCE FL 34982

1.1 TITLE ☐ Change ☐ Addition

TITLE D ANAGNOST, TIMOTHY G
NAME
STREET ADDRESS 420 VITTORIO AVENUE
CITY- ST- ZIP CORAL GABLES FL 33146

2.1 TITLE ☐ Change ☐ Addition

*ANAGNOST, TIMOTHY G
Resigned as of 3/29/96
8/24/96*

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

3.1 TITLE ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

4.1 TITLE ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

5.1 TITLE ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY- ST- ZIP

14. I do 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

SIGNATURE:

Beverly J. Myers

3/6/97

Date

Daytime Phone #

CR2E034 (9/96)