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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9600030994 (3)
BEVTIM, INC.

Principal Place of Business

Maring Address

FILED Mar 11 1997 8:00am Secretary of State

Daytime Phone #



3. Date incorporated or Qualified Q3/29/1996 2. Principal Piaca of Busines 2a. Mailing Address 4. FEI Number Not Applicable Surte, Apt #, etc. 5. Certificate of Status Desired Fee Required Fee Required	9801 SOUTH IN FT. PIERCE FL	ndian river di . 34982		9801 SOUTH INDIAN RIVER DRIVE FT. PIERCE FL 34982-7847								
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Surie, Apl. #, etc. Surie, Apl. #, etc. Surie, Apl. #, etc. Surie, Apl. #, etc. City & State City & State City & State City & State Country Zip Country Sind Address of Current Registered Agent Sind Address of New Registere	21 980/	Si Sho	tion Kitts &	26	Same				65-0687365			
City & State City & State City & State City & State City & State City & State City & State Country Zip Zip Country Zip Country Zip Zi	Suite, Apt			Sur	te, Apt. #, etc.			,	5. Certificate of Status Desired			
Zip Country Zip Country Sip South In the State of Fortila Statutes Signature required by the corporation submits this statement for the purpose of changing its registered agent. I am familiar with and accept the obligators of Sections 607.0502 and 607.1508, Florida Statutes. Signature Signature required when reinstating Of Fice Ba AND DIRE C1095 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. OFFICE Ba AND DIRE C1095 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. In the state of page and page a	City & State	te		· · · · · · · · · · · · · · · · ·	y & State				, , ,			
9. Name and Address of Current 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 Reference of 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 agent. I am familiar with and accept the obligations of Sections 607.0505, Florida Statutes. 83 SIGNATURE Signature 10. Name and Address of New Registered Agent 84 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 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 agent. I am familiar with and accept the obligations of Sections 607.0505, Florida Statutes. SIGNATURE Signature required when reinstating) ORTE 12. OF FICERS AND DIRE C1065 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Title Change Addition	Zip		5	29		<u> </u>	intry	/				. 199.032,
9801 SOUTH INDIAN RIVER DRIVE FT. PIERCE FL 34982 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 agent. It is both, in the State of Fortila. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. It is a functionally accept the obligations of Sections 607.0505, Florida Statutes. SIGNATURE Signature provided in productional producted agent activit it applicable. (NOTE: Registered Agent signature required when reinstating) DATE 12. OF FIGERS AND DIRECTORS IN 12 THEF D Change Addition		9. Name a	nd Address of Curre	nt Registere	d Agent		<u> </u>	· · · · · · · · · · · · · · · · · · ·	10. Name and Address of New Re	gistered A	jent	
FT. PIERCE FL 34982 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 Fortila. 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 Signature OF FICERS AND DIRECTORS IN 12 THEF DELETE 1.1 TITLE Change Addition	MYE	rs, beverl'	/ J				81	Name				
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■ • • • •	TITLE NAME				DELETE	6.2 N	ITLE IAME				Change	Addition
City-St-ZiP 14. Log 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	TITLE NAME STREET ADDRESS				☐ DELETE	6.1 T/ 6.2 N/ 6.3 S	ITLE IAME TREET	T ADDRESS		[_ Change	Addition