


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P96000042953					
1. Corporation Name SPARKLING FOOD SERVICE, INC.					
Principal Place of Business 824 N. VICTORIA PARK ROAD FT. LAUDERDALE FL 33304			Mailing Address 824 N. VICTORIA PARK ROAD FT. LAUDERDALE FL 33304		

FILED

99 JUL -6 AM 11:33

SECRET OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1776 E. SUNRISE BLVD. 22 Suite, Apt. #, etc. # 7672 23 City & State FT. LAUDERDALE 24 Zip 33338				2a. Mailing Address 26 1776 E. SUNRISE BLVD. 27 Suite, Apt. #, etc. # 7672 28 City & State FT. LAUDERDALE 29 Zip 33338				3. Date Incorporated or Qualified 05/10/1996							
				4. FEI Number 65-0687932				Applied For Not Applicable							
				5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required							
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>				\$5.00 May Be Added to Fees							
				8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No											
9. Name and Address of Current Registered Agent OSTROVSKY, URI 824 N. VICTORIA PARK ROAD FORT LAUDERDALE FL 33304								10. Name and Address of New Registered Agent 81 Name OSTROVSKY URI 82 Street Address (P.O. Box Numbers Not Acceptable) 1776 E. SUNRISE BLVD # 7672 83 84 City FT. LAUDERDALE FL 85 Zip Code 33338							

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 OSTROVSKY URI DIRECTOR URI OSTROVSKY 7/1/99
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE D				1.1 TITLE D.			
NAME OSTROVSKY, URI				1.2 NAME OSTROVSKY URI			
STREET ADDRESS 824 N. VICTORIA PARK RD.				1.3 STREET ADDRESS 1776 E. SUNRISE BLVD. # 7672			
CITY-ST-ZIP LAUDERHILL FL 33304				1.4 CITY-ST-ZIP FT. LAUDERDALE FL 33338			
TITLE <input type="checkbox"/> DELETE				2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME				2.2 NAME			
STREET ADDRESS				2.3 STREET ADDRESS			
CITY-ST-ZIP				2.4 CITY-ST-ZIP			
TITLE <input type="checkbox"/> DELETE				3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE <input type="checkbox"/> DELETE				4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE <input type="checkbox"/> DELETE				5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE <input type="checkbox"/> DELETE				6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

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.

SIGNATURE: OSTROVSKY URI
Signature and typed or printed name of signing officer or director

7/1/99 305 5382734
Date Daytime Phone #

006287

CR2E034 (5/99)