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May 08 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 # P96000064107 (1)

1. Corporation Name
WORLDWIDE BEVERAGE, INC.



Principal Place of Business

21218 SAINT ANDREWS BLVD
SUITE 608
BOCA RATON FL 33433

Mailing Address

21218 SAINT ANDREWS BLVD
SUITE 608
BOCA RATON FL 33433-2435

3. Date Incorporated or Qualified 07/30/1996
3a. Date of Last Report 7/30/96

2. Principal Place of Business

21 21218 Saint Andrews Blvd.

Suite, Apt. #, etc.

22 Suite # 608

City & State

23 Boca Raton FL 33433

Zip

24 33433

Country

25 USA

2a. Mailing Address

26 21218 Saint Andrews Blvd.

Suite, Apt. #, etc.

27 Suite 608

City & State

28 Boca Raton FL

Zip

29 33433

Country

30 USA

4. FEI Number

65-0694479

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

ROWE, CYMONIE
21218 SAINT ANDREWS BLVD
SUITE 608
BOCA RATON FL 33433

10. Name and Address of New Registered Agent

81 Name

Rowe, Cymonie

82 Street Address (P.O. Box Number is Not Acceptable)

21218 Saint Andrews Blvd

83

Suite 608

84 City

Boca Raton

FL

85 Zip Code

33433

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

Cymonie Rowe

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

11/16/96
DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME WATSON, ALVIN
STREET ADDRESS 21218 SAINT ANDREWS BLVD, S-608
CITY-ST-ZIP BOCA RATON FL 33433

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
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CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President & Corp. Secy. ☐ Change ☒ Addition
1.2 NAME Theilka Rowe
1.3 STREET ADDRESS 21218 St. Andrews Blvd #608
1.4 CITY-ST-ZIP Boca Raton, FL 33433

2.1 TITLE Mgr. Director & Treasurer ☐ Change ☐ Addition
2.2 NAME Alvin Watson
2.3 STREET ADDRESS 21218 St. Andrews Blvd. #608
2.4 CITY-ST-ZIP Boca Raton, FL 33433

3.1 TITLE Vice President ☐ Change ☒ Addition
3.2 NAME Cymonie Rowe
3.3 STREET ADDRESS 21218 St. Andrews Blvd #608
3.4 CITY-ST-ZIP Boca Raton, FL 33433

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Theilka Rowe 4/25/97 561-391-9793
Date Daytime Phone #

CR2E034 (9/96)