

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

FILED

Feb 03 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 # P96000071136 (1)

1. Corporation Name
THE JUICE ROOM, INC.

Principal Place of Business
6801 LAKE WORTH ROAD
SUITE 120
LAKE WORTH FL 33467

Mailing Address
6801 LAKE WORTH ROAD
SUITE 120
LAKE WORTH FL 33467-2965



3. Date Incorporated or Qualified 08/16/1996
3a. Date of Last Report

2. Principal Place of Business 21 257 North Country Suite, Apt. #, etc. Club Dr. 22 City & State 23 Atlantis, Florida Zip Country 24 33462 25 U.S.		2a. Mailing Address 26 257 N. Country Club Dr. Suite, Apt. #, etc. 27 City & State 28 Atlantis, Florida Zip Country 29 33462 30 U.S.		4. FEI Number 65-0697815 Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		3a. Date of Last Report	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		5. Certificate of Status Desired <input type="checkbox"/>		3a. Date of Last Report	
7. \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		3a. Date of Last Report	
7. \$5.00 May Be Added to Fees		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		3a. Date of Last Report	

9. Name and Address of Current Registered Agent

SCHROEDER, NORMAN L II
6801 LAKE WORTH ROAD
SUITE 120
LAKE WORTH FL 33467

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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.

Norman L. Schroeder, II

SIGNATURE: [Signature] DATE: [Date]
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Frank A. Stevens	1.2 NAME	
STREET ADDRESS	257 N. Country Club Drive	1.3 STREET ADDRESS	
CITY-ST-ZIP	Atlanta, Florida 33462	1.4 CITY-ST-ZIP	
TITLE	S	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	M. Brenda Stevens	2.2 NAME	
STREET ADDRESS	257 N. Country Club Dr.	2.3 STREET ADDRESS	
CITY-ST-ZIP	Atlanta, Florida 33462	2.4 CITY-ST-ZIP	
TITLE		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		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		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		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 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] Frank A. Stevens 1/28/97 561-683-2663
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)