SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750).

FILED
Aug 28 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT #
1. Corporation Name
CASTLE GRAY INC D/B/A BEVERAGE BARN
P96000072400

Principal Place of Business
12929 SW 133 CT
MIAMI FL 33186

Mailing Address
SAME

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 5/12/96

2. Principal Place of Business
21

2a. Mailing Address
26

4. FEI Number 65-0693430 ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc
22

Suite, Apt. #, etc
27

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

City & State
23

City & State
28

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

Zip 24 Country 25

Zip 29 Country 30

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name GARY D GRAY

82 Street Address (P.O. Box Number is Not Acceptable) 10950 SW 161 PL

83

84 City MIAMI FL 85 Zip Code 33196

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 [signature] 8/10/98
Signature, type/print name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PRESIDENT	☐ DELETE	1.1 TITLE	PRESIDENT	☒ Change ☐ Addition
NAME	GARY D GRAY		1.2 NAME	MARGIE MARTINEZ	
STREET ADDRESS	10950 SW 161 PL		1.3 STREET ADDRESS	7400 SW 147 COURT	
CITY-ST-ZIP	MIAMI, FL 33196		1.4 CITY-ST-ZIP	MIAMI FL 33193-1117	
TITLE	V.P.	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	WENDY L. ELLIOT		2.2 NAME		
STREET ADDRESS	10950 SW 161 PL		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33156		2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME	600002629616	
STREET ADDRESS			6.3 STREET ADDRESS	-09/01/98--01012--001	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	***61.25	

CR2E034 (5/98)

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: [signature] 8/14/98 (305)387-1180