

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Sep 22 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 # P96000079223 (9)

1. Corporation Name

ORLANDO BEVERAGE MANAGEMENT, INC.



Principal Place of Business

3880 W. NORTHWEST HWY.
SUITE 300
DALLAS TX 75220

Mailing Address

3880 W. NORTHWEST HWY.
SUITE 300
DALLAS TX 75220

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/24/1996

3a. Date of Last Report

4. FEI Number

59-3404731

Applied For

Not Applicable

2. Principal Place of Business

21 5605 MacArthur Blvd

2a. Mailing Address

26 5605 MacArthur Blvd

Suite, Apt. #, etc.

22 Suite 1200

Suite, Apt. #, etc.

27 Suite 1200

City & State

23 Irving, TX

City & State

28 Irving, TX

Zip

24 75038

Country

Zip

29 75038

Country

30

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

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

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

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 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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME D JORNS, STEVEN D
STREET ADDRESS 3880 W. NORTHWEST HWY. SUITE 300
CITY-ST-ZIP DALLAS TX 75220

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

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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 ☒ Change ☐ Addition

1.2 NAME D Jorns, Steven D.
1.3 STREET ADDRESS 5605 MacArthur Blvd, Ste 1200
1.4 CITY-ST-ZIP Irving, TX 75038

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME Barr, Kenneth E.
2.3 STREET ADDRESS 5605 MacArthur Blvd, Ste 1200
2.4 CITY-ST-ZIP Irving, TX 75038

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

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:

Kenneth E Barr 9/17/97 972/650-1700

CR2E034 (4/97)