
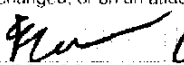


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Mar 12 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 # P96000088091 (9)			
1. Corporation Name THE COFFARO BEER COMPANY			
Principal Place of Business 805 85TH AVE. NORTH NAPLES FL 33963		Mailing Address 805 85TH AVE. NORTH NAPLES FL 34108-2458	
2. Principal Place of Business 21 810 101ST AVE. NORTH Suite, Apt. #, etc. 22 City & State 23 NAPLES, FL Zip 24 34108		2a. Mailing Address 26 7040 W. Palmetto Park Rd. Suite, Apt. #, etc. 27 Bldg. #4, suite 258 City & State 28 BOCA RATON, FL Zip 29 33433 Country 30 Palm Bch.	
3. Date Incorporated or Qualified 10/25/1996		3a. Date of Last Report	
4. FEI Number 65-0702272		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	
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
9. Name and Address of Current Registered Agent CARY, DENNIS J 370 WEST CAMINO GARDENS BLVD. STE 210 BOCA RATON FL 33432		10. Name and Address of New Registered Agent 81 Name CARY, DENNIS J 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COFFARO, ANTHONY S 5569 AMERICAN CIRCLE DELRAY BEACH FL 33484	1.1 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP	P D T COFFARO, ANTHONY S 5569 AMERICAN CIRCLE DELRAY BEACH, FL 33484
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ORMSTEAD, FRANK 5569 AMERICAN CIRCLE DELRAY BEACH FL 33484	2.1 TITLE 22 NAME 23 STREET ADDRESS 2.4 CITY-ST-ZIP	VP, D 2 ORMSTEAD, FRANK 5569 AMERICAN CIRCLE DELRAY BCH, FL 33484
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MULLAN, PHIL 5569 AMERICAN CIRCLE DELRAY BEACH FL 33484	3.1 TITLE 32 NAME 33 STREET ADDRESS 3.4 CITY-ST-ZIP	D MULLAN, PHILIP 5569 AMERICAN CIRCLE DELRAY Beach, FL 33484
TITLE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 43 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 52 NAME 53 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 62 NAME 63 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: 		3/4/97 561-495-0033 407-477-4555	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone # 0413454	

CR2E034 (9/96)