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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

P97000007244 (1)

COLONIAL BEER GARDEN, INC.

Mailing Address Principal Place of Business 11500 E COLONIAL DR 11500 E COLONIAL DR ORLANDO FL 32817 ORLANDO FL 32817 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/15/1997 Mailing Address 8116 DUMINGUIN St. ORVANTZYFL B28/7 4. FEI Number 2. Principal Place of Business Applied For 59-3420112 Not Applicable 21 \$8.75 Additional Suite, Apt #, etc Suite, Apt. #, etć 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees 23 28 Trust Fund Contribution Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No Zip Country Zip Personal Property Tax due June 30. 25 29 30 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name CHANCEY, PAULETTE 8116 DOMINGUIN ST Street Address (P.O. Box Number is Not Acceptable) ORLANDO FL 32817 83 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE. Signature, typicd or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. DELETE Change Addition 1.1 TITLE PSTD TITLE CHANCEY, PAULETTE NAME 1.2 NAME 11500 E COLONIAL DR STREET ANDRESS 1.3 STREET ADDRESS ORLANDO FL 32817 1.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 2.1 TITLE TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS 2. 4 CITY - ST - ZIP CITY-ST-ZIP Addition DELETE ___ Change 31 TITLE TITLE NAME 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS 3 4. CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Change Addition 4.1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-S1-ZIP Change Addition DELETE 51 TITLE TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS. STREET ADDRESS 6.4 CITY - ST-ZIP

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.

14. . .

FILED

Apr 02 1998 8:00am

Secretary of State

CR2E034 (10/97)