Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90218 034 ***150.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9700009563

1. Corporation Name

INTERNE	I BEVERAGE DIGEST, INC.	•					
Principal Place of Business Mailing Address						#11# WILL BEFOR 10101	NICH BROOM SOLUTION
1886 WEST BAY DRIVE 1886 WEST BAY DRIVE							
SUITE E-6 SUITE E-6					DO NOT INDITE IN THIS SPACE		
LARGO FL 33770 LARGO FL 33770					DO NOT WRITE IN THIS SPACE		
					3. Date incorporated or Qualifed 01/27/1997		
Principal Place of Business 2a. Mailing Address					4. FEI Number		Applied For
21					59-3420177		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	27		5. Certificate of Status Desired Sa.75 Additional		
22		_ 27			5. Certificate of Status Desired Fee Required		
City & State City & State					6. Election Campaign Financing		00 May Be
23		28			Trust Fund Contribution	- Add	led to Fees
Zip	Country	Zip	Count	гу	8. This corporation owes the current		
24	25 29 30				Personal Property Tax.		
Name and Address of Current Registered Agent					10. Name and Address of New Reg	istered Agent	
850	NA DENINO I		8	1 Name			
REGAN, DENNIS J				2 Street Add	Iress (P.O. Box Number is Not Acceptable	<u>a)</u>	
1886 WEST BAY DRIVE						-	
SUITE E-6				3			
LARGO FL 33770				4 03		85 2	Zip Code
				4 City		FL 👸 '	ip code
office or re agent. I ar	to the provisions of Sections 607.0502 egistered agent, or both, in the State on familiar with, and accept the obligation	and 607.1508, Florida Statute of Florida. Such change was au ions of, Section 607.0505, Flor	s, the about thorized bida Statute	ve-named corporations.	poration submits this statement for the pu ion's board of directors. I hereby accept t	rpose of changing he appointment as	j its registered s registered
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered A	ent signature requir	ed when reinstating)	DATE	
12. OFFICERS AND DIRECTORS 13.					ADDITIONS/CHANGES TO OFFIC	ERS AND DIREC	
TITLE	PD	☐ DELETE	1.1 TITLE			☐ Char	nge 🔲 Addition
NAME	NAME REGAN, DENNIS J 12N			E			
			1.3 STR	ET ADORESS	•		
1			1.4 CITY	-ST-ZIP			
TITLE			2.1 TITL			☐ Char	nge 🗌 Addition
NAME	CATALANO, VINCENT J		2.2 NAM	E	•		
STREET ADDRESS	ACCOMPANY DONE CHITE E C		2.3 STR	ET ADDRESS			
CITY-ST-ZIP	1 4 DOO FL 00770		2. 4 C/T		*		
TITLE	□ DELETE 3		3.1 TITLE			☐ Char	nge 🔲 Addition
NAME	· *:		3.2 NAM	-			
1				EET ADDRESS			1
STREET AODRESS			3.4. CIT				ļ
577 57 57			4.1 TTU			Char	nge Addition
TITLE	,		4.1 III LI				
NAME							
STREET ADDRESS!			4.3 STR	ET ADDRESS			ŀ

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, with all other like empowered.

4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

☐ DELETE

□ DELETE

REGRA RES. 4/ 199

727.587.0404

☐ Change

Change

Addition |

Addition