

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P97000030714 (4)

1. Corporation Name
TEQUILA BEAN ENTERPRISES, INC.

Principal Place of Business

105 RIO WAY
ORMOND BEACH FL 32174

Mailing Address

P.O. BOX 1231
DAYTONA BEACH FL 32115

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/04/1997

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 105 Rio Way

27 Suite, Apt. #, etc.

28 City & State

Ormond Beach FL

29 Zip

32174

30 Country

USA

4. FEI Number

59-3441697

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

☐

\$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

DORAN, THEODORE R
444 SEABREEZE BLVD.
SUITE 800
DAYTONA BEACH FL 32118

10. Name and Address of New Registered Agent

81 Name

Scott R. Rost

82 Street Address (P.O. Box Number is Not Acceptable)

228 Park Avenue North, Suite 3

83

84 City

Winter Park

FL

85 Zip Code

32789

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 the applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Apr. 29, 1998

12. OFFICERS AND DIRECTORS

TITLE D
NAME WILSON, JOHN M
STREET ADDRESS 105 RIO WAY
CITY-ST-ZIP ORMOND BEACH FL 32174 ☐ DELETE

TITLE D
NAME IONNO, JASON M
STREET ADDRESS 530 REVELO BLVD.
CITY-ST-ZIP DAYTONA BEACH FL 32118 ☒ DELETE

TITLE D
NAME EMINOF, IZETTIN
STREET ADDRESS 410 AUBURN DR.
CITY-ST-ZIP DAYTONA BEACH FL 32118 ☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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 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:

John M. Wilson John M. Wilson 4/29/98

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date:

(904) 672-5578

Daytime Phone: # 0027211

CR2E034 (10/97)