## 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 #

1. Corporation Name

P97000046981 (1)

BREW YOURSELF, INC.

**FILED** May 14 1998 8:00am Secretary of State



Principal Place	e of Business	Mailing Address						
720 SAINT CLAIR ST.			720 SAINT CLAIR ST.					
MELBOURNE	FL 32935	MELBOURNE FL 3	12835			DO NOT WRITE IN THIS	SPACE	
						3. Date Incorporated or Qualified		····
						05/20/1997		
2. Principal P	lace of Business	2a. Mailing Addres	2a, Mailing Address			4, FEI Number	IA.	oplied For
21		26				59-345-7967	<del> </del>	ot Applicable
Sulte, Apt. #, etc.			Suite, Apt. #, etc.					Additional
22		27	<b>¬</b>			5. Certificate of Status Desired		equired
City & State		City & State				Election Campaign Financing	\$5.00	May Be
23		28	28			Trust Fund Contribution Added to Fees		
Zip	Country					8. This corporation owes or has paid the c		
24	25	29	30	30		Personal Property Tax due June 30.		<b>₹</b> No
24	9. Name and Address of Curi		1001			10. Name and Address of New Registered		<del></del>
KA	ASOLD, EDWARD F JR.			81	Name			
	O <b>S</b> AINT CLAIR ST.		Ļ					
			B2 Street Add		Street Addre	ess (P.O. Box Number is Not Acceptable)		*
ME	ELBOURNE FL 32935		}	B3			<del></del> ,	
			Į.					
			[	84	City		<b>85</b> Zip	Code
····						F		
office or r	enistered arrent or both in the Sta	ale of Florida. Such ch <b>anc</b> e	was authorized	bv t	named corpo the corporation	oration submits this statement for the purpose on's board of directors. I hereby accept the a	oi changing ii spointment as	ts registered
agent. I a	m familiar with, and accept the ob	ligations of Section 607.05	05, Florida Statu	ites.		,,		
SIGNATURE								
	Signature, typed or printed name of registered	· ·· · · · · · · · · · · · · · · · · ·		Agent	signature required	od when reinstating) DATE		
12.	OFFICERS A	AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AT		AS IN 12
TITLE		☐ DELE	TE 1.1 TIT	LE	17/	T/S	Change	AOGILION
NAME -			1.2 NA	ME	67	WAAD F KAGOLD JR 383 BROOKSIDE WAY		
STREET ADDRESS			1.3 ST	REET A	iddress   🏞 🏾	383 BROOKSIDE WAY		
CITY-ST-ZIP	<u></u>		1.4 CIT	Y-ST-	-ZIP	NDIALANTIC , FL 32	,903	
TITLE	DELETE 2.1		TE 2.1 T(T	LE	V/	'M	Change	Addition
NAME	221		2.2 NA	ME	BR	ZIAN P. KASOLD		
STREET ADDRESS			2.3 ST	REET A		SO ATLANTIC ST.		
CITY-ST-ZIP			2. 4 Cf	TY-ST	ZIP MI	BLBOURNE BEACH	FL 32	2951
TITLE		☐ DELF					Change	☐ Addition
NAME			3.2 NA	ME				
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP			3.4. CI					
TITLE		DELE			7211		Change	Addition
		La Mari	4.2 N/					
NAME					nnosco			
STREET ADDRESS					ODRESS			
CITY-ST-ZIP		DELE	4401		- ZIP		Change	☐ Addition
TITLE		DELE					change	E NUMBEROU
NAME			52 NA		ļ			;
STREET ADDRESS			5351	REET A	ADDRESS			
CITY-ST-ZIP			5.4 CD	Y-ST-	- ZIP		———	14400
TITLE		DELE	TE 61 TIT	LE			Change	Addition
NAME			6.2 NA	ME	1			
STREET ADDRESS			6.3 ST	REE1 A	ADDRESS			
CITY-ST-ZIP			6.4 CII	Y-ST-	- ZIP			
						Continue 110 07/2V(i) Elevido Statutos I further		a Information

recept 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 informatio 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.