

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

FILED
May 12 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P97000052317 1. Corporation Name Brewmasters of Charlotte, Inc.			
Principal Place of Business		Mailing Address	
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business		3. Date Incorporated or Qualified	
21 175 Kings Highway Suite, Apt. #, etc.		June 2, 1997	
22 City & State		4. FEI Number	
23 Punta Gorda, FL		59-3449797	
24 33983 25 U.S.		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
26 5335 Village Market Suite, Apt. #, etc.		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
27 City & State		8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. ☒ Yes ☐ No	
28 Wesley Chapel, FL			
29 33543 30 U.S.			
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
		81 Name Vincent A. Aumann	
		82 Street Address (P.O. Box Number is Not Acceptable) 16534 Oley Ridge Court	
		83	
		84 City Tampa FL 85 Zip Code 33624	
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 <i>Vincent A. Aumann</i>		Vincent A. Aumann, President 4/28/98	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE ☐ DELETE		1.1 TITLE President ☐ Change ☒ Addition	
NAME		1.2 NAME Vincent A. Aumann	
STREET ADDRESS		1.3 STREET ADDRESS 5335 Village Market	
CITY-ST-ZIP		1.4 CITY-ST-ZIP Wesley Chapel, FL 33543	
TITLE ☐ DELETE		2.1 TITLE ☐ Change ☐ Addition	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE ☐ DELETE		3.1 TITLE ☐ Change ☐ Addition	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE ☐ DELETE		4.1 TITLE ☐ Change ☐ Addition	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE ☐ DELETE		5.1 TITLE ☐ Change ☐ Addition	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE ☐ DELETE		6.1 TITLE ☐ Change ☐ Addition	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 that I am a duly authorized employee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of this annual report or supplemental annual report with an address.			
SIGNATURE: <i>Vincent A. Aumann</i>		Vincent A. Aumann 4/28/98 813-991-6621	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: Daytime Phone #	

CR2E034 (10/97)