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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P97000057153

## FILED Apr 01, 1999 8:00 am Secretary of State 04-01-1999 90041 023 \*\*\*150.00

FLORIDA	A BEVERAGE & TROPICS, I	INC.								
Principal Plac	e of Business	Ma	iling Address						)	1 8 11 1 8 8 1 1 1 1 1 1 1 1 1 1 1 1 1
1627 GARY RD. 1016 P O BOX LAKELAND FL 33801 LAKELAND FL 33802 US						DO NOT WRIT	E IN THIS :	SPACE		
							3. Date Incorporated or Qualifed			
							06/27/1997			
Principal Place of Business     2a. Mailing Address							4. FEI Number			pplied For
21 26							59-3468010	<u>.</u>		ot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.							5. Certifcate of Status Desired			Additional
22 27 27				<u> </u>	٠٠	*:	· · · · · · · · · · · · · · · · · · ·		<del></del>	equired
— · · · · · · · · · · · · · · · · · · ·			City & State	& State			6. Election Campaign Financing			May Be to Fees
23 28							Trust Fund Contribution			to Fees
Zip	Country	<u> </u>	Zip		intry		8. This corporation owes the curre		ngible □Yes	□No
24	25	29		30			Personal Property Tax.  10. Name and Address of New Re			
	9. Name and Address of Curre	nt Regis	tered Agent		81	Name	IV. Name and Address of New Ki	-Aistaian y	.gent	
BAAI	ONE MADO W				"	reame				
MALONE, MARC W 1627 GARY RD.					82	Street Add	dress (P.O. Box Number is Not Acceptal	ole)		
					-					<del></del>
LAK	ELAND FL 33801				83					· ·
					84	City			85 Zip	Code
								<u>FĻ</u>		
11. Pursuant office or a agent. I a	to the provisions of Sections 607.05 registered agent, or both, in the State am familiar with, and accept the obliga-	of Florid ations of,	a. Such change wa Section 607.0505,	s authorized Florida Stat	d.by utes	e-named cor the corporal	poration submits this statement for the pion's board of directors. I hereby accept	the appoin	tment as r	egistered :
SIGNATURE	Signature, typed or printed name of registered age	ent and title i	f applicable. {N	OTE: Registered	Ager	nt signature requi	red when reinstating)	DATE		
12.	OFFICERS A			13.			ADDITIONS/CHANGES TO OFF	ICERS AN	DIRECT	ORS IN 12
TITLE	С		☐ DELETE	1.1 TI	TLE	<u> </u>			Change	☐ Addition
NAME	MALONE, MARC W			1.2 N	AME					
STREET ADDRESS				1.3 \$	IREET	T ADDRESS				
CITY-ST-ZIP	LAKELAND FL 33802-1016			140	TY-S	T-ZIP				ł
TITLE	P	<del></del>	☐ DELETE						Change	☐ Addition
NAME	MALONE, SHANNON F			2.2 N	AME					Í
STREET ADDRESS						TADORESS				ľ
<b>.</b>	L'AKELAND FL 33802-1016		والمناجب المسام المسام			T-ZIP	and the same of th	~. <u> </u>		
TITLE	T		☐ DELETE						☐ Change	☐ Addition
NAME	WALDEN, JEREMY		_	3.2 N		ł				
STREET ADDRESS						T ADDRESS				
	LAKELAND FL 33801					ST-ZIP				
TITLE	S S	_	DELETE						Change	Addition
NAME	DOZIER, KIM				AME					
				•		TADDRESS				
STREET ADDRESS	LAKELAND FL 33801					T-ZIP				
CITY-ST-ZIP	LANELAND FL 33001	_	DELETE			1 41			Change	Addition
NAME				5.2 N						
						T ADDRESS				
STREET ADDRESS				1		T-ZIP				)
CITY-ST-ZIP			☐ DELETE						Change	☐ Addition
TITLE	1			6.2 N					•	
NAME	1			0.2,						
				626	TREE	TADDRESS				j
STREET ADDRESS	3					TADDRESS				

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 his 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.

SIGNATURE: