

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

FILED

May 06 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 # P97000064199 (7)

1. Corporation Name

BAY CITY BREWING COMPANY



Principal Place of Business 877 EXECUTIVE CENTER DRIVE WEST SUITE 303 GLADES BLDG. ST. PETERSBURG FL 33702	Mailing Address 877 EXECUTIVE CENTER DRIVE WEST SUITE 303 GLADES BLDG. ST. PETERSBURG FL 33702
---------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1827 Mississippi Ave NE Suite, Apt. #, etc.		2a. Mailing Address 26 1827 Mississippi Ave NE Suite, Apt. #, etc.		3. Date Incorporated or Qualified 07/24/1997
22 City & State 23 St. Petersburg, FL Zip 33703 Country USA		27 City & State 28 St. Petersburg, FL Zip 33703 Country USA		4. FEI Number 59-346117 Applied For Not Applicable
24 33703 25 USA		29 33703 30 USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
23 St. Petersburg, FL		28 St. Petersburg, FL		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
24 33703 25 USA		29 33703 30 USA		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent MASCARA, ERNEST L 877 EXECUTIVE CENTER DRIVE WEST SUITE 303 GLADES BLDG. ST. PETERSBURG FL 33702		10. Name and Address of New Registered Agent 81 Name Michelle L. Anderson 82 Street Address (P.O. Box Number is Not Acceptable) 1827 Mississippi Avenue NE 83 84 City St. Petersburg FL 85 Zip Code 33703	
--------------------------------------------------------------------------------------------------------------------------------------------------------------	--	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--

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 Michelle L. Anderson (Michelle L. Anderson) U-70-98
Signature, typed or printed name of registered agent and title if applicable (NOT Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MASCARA, ERNEST L 877 EXECUTIVE CENTER DRIVE WEST STE 303 ST. PETERSBURG FL 33702 <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	President/Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Michelle L. Anderson 1827 Mississippi Avenue N.E. St. Petersburg, FL 33703
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Michelle L. Anderson (Michelle L. Anderson) 4-70-98 813 577-6072

CR2E034 (10/97)