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

PROFIT **CORPORATION ANNUAL REPORT** 

1998



Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT # P97000107479 (2)

BEER BARON EAST, INC.

**FILED** Apr 29 1998 8:00am Secretary of State



								1818   1817   18 <b>2</b> 7	
Principal Place of Business Mailing Address						i contran fall about about parts about blick bit	ANTE SOUTH UNDER TH	0010 4014 1001	
8442 E. COUNTY HWY, 30A. UNIT 3 1859 DENVER WEST ( PANAMA CITY BEACH FL 32457 #2111 GOLDEN CO 80401				<b>VE</b>		DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualified			
				<u>.</u>		12/22/1997			
	Place of Business	2a. Mailing Add	ess			4. FEI Number	A	pplied For	
21 Suite Ant	# ***	26				59-3482437		ot Applicable	
Suite, Apt		27				5. Certificate of Status Desired \$8.75 Additional Fee Required			
City & State City & State						6. Election Campaign Financing	\$5.00	May Be	
23		[28]				Trust Fund Contribution			
Zip	Country Zip		<del></del>	Country		8. This corporation owes or has paid the cu			
24		25 29 30 Name and Address of Current Registered Agent				Personal Property Tax due June 30. Yes S No 10. Name and Address of New Registered Agent			
4.41		aur vedistelen wähllt		81	Name	10. Name and Address of New Hegistered	Agent		
	LES, JAMES F			"	INGILIO				
1700 BAKERS COURT PANAMA CITY FL 32401				82	Street Ad	Address (P.O. Box Number is Not Acceptable)			
				63					
				84	City	FL	<b>85</b> Zip	Code	
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 gothered so of Section 607,0505, Florida Statutes.									
								· 6	
					nt signature req	guired when reinstating) DATE	14011	9	
12.	OFFICERS A	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTOR	RS IN 12	
TITLE	Provident	□ Di	LETE 1.1 T	ITLE			Change	☐ Addition	
NAME	Roxanne M. Cost	rilo	1.2 6	IAME					
STREET ADDRESS	8442 W. County F	4wy 30A, Un	1T 3 1.3 S	TREET.	ADDRESS				
CITY-ST-ZIP	ranama City Be	ach FL 324	<b>-\$7</b> 1.40	ITY - \$1	r-zip				
TITLE	vice President	• ⊔ ⋈	LETE 2.1 T	ITLE			Change	☐ Addition	
NAME	Benjamin Coste	ilp	22 N	IAME					
STREET ADDRESS	1824 DENNER MAI	>+ Dr   == 2/11	2.3 S	TREET	ADDRESS				
CITY-ST-ZIP	GOLDEN, CO 81			CITY - S	T-ZIP				
TITLE		☐ DE	LETE 3.1 T	ITLE			Change	Addition	
NAME			3.2 N	IAME					
STREET ADDRESS			3.3 S	TREET	ADDRESS				
CITY-ST-ZIP				Z-YTK	T-ZIP				
TITLE		☐ DE	LETE 4.1 T	file			Change	Addition	
NAME			4. 2 ł	NAME					
STREET ADDRESS			4.3 S	TREET	ADDRESS				
CITY-ST-ZIP				1TY-\$1	'- ZIP				
TITLE		☐ DE	LETE 5.1 TO	ITLE	-		☐ Change	Addition	
NAME			5.2 N	AME					
STREET ADDRESS			5.3 S	TREET	ADDRESS			Ì	
CITY-ST-ZIP				ITY-ST	- ZIP				
TITLE		☐ DE	LETE 6.17	TLE			Change	☐ Addition	
NAME			62 N	AME	-				
STREET ADDRESS			63\$	TREET A	ADDRESS			ł	
CITY-ST-ZIP			64C	ITY-ST	- ZIP				

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 occipionation 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.

m. Costello

(850) 231-9405