**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secre ary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9800009780

1. Corporation Name

BREWING SPECIALTIES, INC.

Principal Place of Business

Mailing Address

6221 S.W. 5TH COURT PLANTATION FL 33317

6221 S.W. 5TH COURT PLANTATION FL 33317

## **FILED** Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90066 017 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

					DO NOT WRITE IN	1 11 13 SPACE	
					3. Date Incorporated or Qualifed 01/29/1998		
2. Principal Place of Business 2a. Mailing Address					4. FEI Ni mber		Applied For
21 6319	STIRLING Rd.	26			65-0815075		Not Applicable
Suite, Apt.		Suite, Apt. #, etc.			_	\$8.7	75 Additional
22 27					5. Certifc ate of Status Desired	Fe	e Required
City & State	e	City & State			6. Election Campaign Financing	\$5.	.00 May Be
23 DA 1		28			Trust Fund Contribution		ded to Fees
Zip	Country	Zip	Country	<del></del> -	8. This corporation owes the current ye	ear ntangible	
<u> </u>	14 25 U.S.A.	29 30	0		Personal Property Tax.	Yes	[]No
دردد المع	9. Name and Address of Curren	<u> </u>			10. Name and Address of New Regis	tered Agent	
			81	Name			
JONES, JEFFREY M				<u> </u>			
6319	STIRLING ROAD		82	82 Street Address (P.O. Box Number is Not Acceptable)			
DAVIE FL 33314				83			
,			133				
			84	City		85	Zip Code
				<u> </u>		FL	
office or re	egistered agent, or both, in the State of m familiar with, and accept the obligat	of Florida. Such change was auth	norized by	the corporat	poration submits this statement for the purpo- ion's board of directors. I hereby accept the	app sintment a	is registered
SIGNATURE	Signature, typed or printed nan e of registered agen	it and title if applicable. (NOTE Re	egistered Ace	nt signature recui	ed when reinstating) Do	ATE	_ <del></del> _
12.	OFFICERS AN		13.		ADDITIONS/CHANGES TO OFFICE	RS AND DIRE	CTORS IN 12
TITLE	D	☐ DELETE	1.1 TITLE	<del></del>		☐ Cha	
NAME	JONES, JEFFREY M		12 NAME				
ţ	6319 STIRLING ROAD		ı	T ADDRESS			
STREET ADDRESS	DAVIE FL 33314	ļ					
CITY-ST-ZIP	DAVIE PL 33314		1.4 CITY-S	SI-ZIP			nge Addition
TITLE		C Detele	2.1 TITLE				ingo [] / tadatasi
NAME			2.2 NAME				
STREET ADDRES 3		1	2.3 STREE	TADDRESS			
CITY-ST-ZIP			2. 4 CITY-	ST-ZIP			T Aller
TITLE		☐ DELETE	3.1 TITLE	}		Cha	nge 🗌 Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREE	TADDRESS			
CITY:ST-ZIP _			3.4. CITY-5	ST-ZIP	,		
TITLE		☐ DELETE	4.1 TITLE			☐ Cha	inge 🔲 Addition
NAME			4. 2 NAME				
STREET ADDRESS		,	4.3 STREE	TADDRESS			
CITY-ST-ZIP			44 CITY-S				
TITLE		☐ DELETE	5.1 TITLE		· ————————————————————————————————————	☐ Cha	nge 🔲 Addition
NAME			52 NAME				_=
	•			T ADDRESS			
STREET ADDRESS			5.4 CITY-S				
CITY-ST-ZIP		— DELETE	5.4 CH Y-S	01-212	. ———————	Cha	nge Addition
TITLE		☐ DELETE	1			□ cua	ngo _1 madition
NAME			6.2 NAME				
STREET ADDRESS			63 STREE	TADDRESS			
CITY-ST-ZIP		1	64 CITY-S	ST-ZIP			

14. I hereby certify that the information supplied with this filling 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, with all other like empowered.

SIGNATURE: