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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # DOCOCOC1254

1. Corporation Name O.S. BEVERAGE INC. Principal Place of Business	Mailing Address						
4130 ROWAN RD.	4130 ROWAN RD.						i
NEW PORT RICHEY FL 34653	NEW PORT RICHEY FL 3465	33			Į		
					DO NOT WRITE IN TH	S SPACE	
}					3. Date Incorporated or Qualifed 07/10/1998		i
2. Principal Place of Business	2a. Mailing Address				4. FEI Number	_ · A	polled For
— '	26				45-0848970	<u> </u>	ot Applicable
21 26							Additional
22	27				5. Certifcate of Status Desired	Fee R	equired
City & State	_ City & State				-6, - Election Campaign-Financing —	\$5.00	May Be
23				·	Trust Fund Contribution	Added	to Fees
Zip Country	Zip	Country	,		8. This corporation owas the current year	ntangible ☐ Yes	□No
24 25		30			Personal Property Tax. 10. Name and Address of New Registers		
9. Name and Address of Curren	it Registered Agent	81	Name		10. Hame and Address of New Megisters	- Albant	
ACCOUNTING & TAX HELP, INC.							
8688 PARK BYLD SUITE A		82	Street	Addre	Address (P.O. Box Number is Not Acceptable)		
SEMINOLE FL 33777		63		•			
		<u> </u>	-			Test 7in	Code
		84	,		F	L ' '	
11. Pursuant to the provisions of Sections 607.050 office or registered agent, or both, in the State agent, I am familiar with, and accept the obliga	of Florida. Such change was aut	inorized by	the coup	coration	's board of directors. I hereby accept the app	ointment as re	gislered
SIGNATURE Signature, typed or printed name of registered ages	nt and title if applicable. (NOTE: F	Registered Age	•		when rainstating) DATE		
SIGNATURE Signature, typed or printed name of registered ages 12. OFFICERS AN	nt and title if applicable. (NOTE: F	Registered Age	•			ND DIRECTO	ORS IN 12
SIGNATURE Signature, typed or printed name of registered ages 12. OFFICERS AN IIILE PRES.	IN and 656 If applicable. (NOTE: F	13.	•		when rainstating) DATE		
SIGNATURE Signature, typed or printed name of registered ages 12. OFFICERS AN IIILE PRES.	IN and 656 If applicable. (NOTE: F	13. 1,1 TITLE 12 NAME	nt signature		when rainstating) DATE	ND DIRECTO	ORS IN 12
SIGNATURE Signature, typed or physical name of registered ages 12. OFFICERS AN TITLE PRES. NAME MICHAEL BAUMAN STREET ADDRESS 8 243 DELAURE PA	IN AND BUTE IT EXPOSED IN THE PROPERTY OF T	13. 1.1 TITLE 12 NAME 1.3 STREE	nt signifium T ADDRESS		when rainstating) DATE	ND DIRECTO	ORS IN 12
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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 cath; 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 changes or or an anti-original with an address, with all other like empowered.

SIGNATURE:

727-372-1814