

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Jul 19, 1999 8:00 am**  
**Secretary of State**

07-19-1999 90001 011 \*\*\*158.75

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P98000063470**  
 1. Corporation Name  
**CARBONATION SPECIALISTS OF FLORIDA, INC.**



Principal Place of Business 10560 S.W. 184TH TERRACE MIAMI FL 33157	Mailing Address 10560 S.W. 184TH TERRACE MIAMI FL 33157
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/20/1998	
21	Suite, Apt. #, etc.	26	CARBONATION Spec. of FLA, Inc	4. FEI Number	65-0851689
22	City & State	27	P.O. Box 971491	5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
23	Zip	28	MIAMI, FLA	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24	Country	29	33197	7. This corporation owes the current year intangible Personal Property.	<input type="checkbox"/> Yes <input type="checkbox"/> No
		30	DADE	8. This corporation owes the current year intangible Personal Property.	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
TOROK, LON 10560 S.W. 184TH TERRACE MIAMI FL 33157				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	P/D
NAME	TOROK, LON	1.2 NAME	TOROK, LON R.
STREET ADDRESS	10560 S.W. 184TH TERRACE	1.3 STREET ADDRESS	10560 S.W. 184TH TERRACE
CITY-ST-ZIP	MIAMI FL 33157	1.4 CITY-ST-ZIP	MIAMI, FLA 33157
TITLE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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:** \_\_\_\_\_ **7-9-99** **305-378-1726**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/99)

590055-90001-11  
P98000063470

July 9, 1999

Annual Reports Filings  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Dear MR./MS;

I Just Received this Second Notice -  
but Received NO First Notice.

I Am a new CORPORATION - SO this  
New to me.

I called 850-488-9000 and spoke to  
Ruth - who instructed me to send  
a \$150.00 check and this note, to the  
address above.

Please accept and keep my Corporation  
open.

DOCUMENT # P98000063470

CARBONATION Specialists of FLORIDA, INC.

Please use my mailing Address:

P.O. Box 971491

MIAMI, FLA 33197-1491

Thank you,  
*[Signature]*  
President

LOW R. TOROK