


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 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
|----------------------------------------------|-----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|

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 |
|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------|

DO NOT WRITE IN THIS SPACE

| | | | | | |
|----------------------------------------------------------------------------------------------------------------------|----------------------|---------------------------------------------------------------|---------------------------|----------------------------------------------------------------------------------------------------------------------------------|--|
| 2. Principal Place of Business 21 | | 2a. Mailing Address 26 CARBONATION Spec of FLA, Inc | | 3. Date Incorporated or Qualified 07/20/1998 | |
| Suite, Apt. #, etc. 22 | | Suite, Apt. #, etc. 27 P.O. Box 971491 | | 4. FEI Number 65-0851689 | |
| City & State 23 | | City & State 28 MIAMI, FLA | | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |
| Zip 24 | Country 25 | Zip 29 33197 | Country 30 DADE | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 9. Name and Address of Current Registered Agent TOROK, LON 10560 S.W. 184TH TERRACE MIAMI FL 33157 | | | | 8. This corporation owes the current year intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No | |

10. Name and Address of New Registered Agent

| |
|-------------------------------------------------------|
| 81 Name |
| 82 Street Address (P.O. Box Number is Not Acceptable) |
| 83 |
| 84 City FL |
| 85 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, and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---------------------------------------------------|---------------------------------|-------------------------------------------------------|------------------------------------------------------------------------------|
| TITLE D | <input type="checkbox"/> DELETE | 1.1 TITLE P/D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 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 | <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 2.2 NAME | |
| STREET ADDRESS | | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 2.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-9-99

Date

305-378-1726

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 Recieved this Second Notice -
but Recieved 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,
Lon R. Torok
President

Lon R. Torok