PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE Ketherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000081339

FILED Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90229 025 ***150.00

SAM'S E	BEVERAGE, INC.											
Principal Place	e of Business	Ма	ailing Address	3				- F 10311001 F40 10 F81 10 ISI CO151	ı main deili dai	OL SOCOT TIBATO	UND SHIED INT HAN	
5431 BUCHANA HOLLYWOOD F	IN ST.	543	31 BUCHANAN KLLYWOOD FL	N ST.				DO NOT W	RITE IN TH	S SPACE		
								3. Date Incorporated or Qualifu 09/18/1998	ed	-]
2. Principal Pl	lace of Business	2a.	Mailing Add	ress				4. FEI Number			Applied For	1
21		28	_					650864951	/		Not Applicable	7
Suite, Apt.	#, etc.		Suite, Apt. #	9720 PIN	es blv).		5. Certificate of Status Desired		\$8.7	5 Additional	7
22		27	PEMBRO	OKE PINES	, FL 33	024-522	28	5. Centicate of Status Desired		Fee	Required	_]
City & State	9		City & State	1	•			6. Election Campaign Financin	6t	\$5.0	May Be	Ì
23			28					Trust Fund Contribution		Adde	ed to Fees	4
Zip	Country		Zip		Count	ry		8. This corporation owes the c	urrent year l		نده مدر سردد	
24	25	29		3(0			Personal Property Tax.		Yes	No	4
	9. Name and Address of Curren	t Regis	tered Agent					10. Name and Address of Nev	w Registere	d Agent		┥
950	UENTE ANNEL I				8	1 Name						
	VENUTO, SAMUEL J				8	2 Street	Addres	ss (P.O. Box Number is Not Acce	ptable)			1
1	BUCHANAN ST.											4
HOLI	LYWOOD FL 33021				8	3						
ļ					8	4 City				. 85 Z	ip Code	┪
					- 1	1 - 7			F		<u> </u>	,
										-£ -bl		4
11. Pursuant	to the provisions of Sections 607.050	2 and 6	07.1508, Flor	ida Statutes.	, the abo	ve-named	corpor	ration submits this statement for the	ne purpose :	or crianging	registered	1
11. Pursuant office or re	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	2 and 60 of Florid tions of,	07.1508, Flori la. Such char Section 607.	nda Statutes. nge was auth .0505, Fiorid	, the abo verized b a Statute	ve-named y the corp is.	corpor	ration submits this statement for the board of directors. I hereby according to the control of t	ne purpose o cept the app	ointment as	registered	1
i .	to the provisions of Sections 607.050 egistered agent, or both, in the State in familiar with, and accept the obliga	2 and 60 of Florid tions of,	07.1508, Flori la. Such char , Section 607.	rida Statutes, nge was auth .0505, Florid	, the abo norized b a Statute	ve-named by the corp as.	corpor oration	ration submits this statement for the board of directors. I hereby acc		of crianging ointment as	registered	
11, Pursuant office or n agent. I at SIGNATURE	Signature, typed or printed name of registered ager	nt and the r	f applicable.	_	ngistered Ag			when reinstating)	DATE		<u> </u>	(8)
SIGNATURE	Signature, typed or printed name of registered ager OFFICERS AN	nt and the r	r applicable.	(NOTE: Re	ngistored Ag	ent signeture			DATE	ND DIREC	TORS IN 12	11/98)
SIGNATURE	Signature, typed or printed name of registered ager OFFICERS AN	nt and the r	r applicable.	_	13.	ent signature		when reinstating)	DATE		TORS IN 12	4 (11/98)
SIGNATURE 12. TITLE NAME	Signature, typed or primed name of registered age OFFICERS AN OPST BENVENUTO, SAMUEL J	nt and the r	r applicable.	(NOTE: Re	13. 1.1 TITLE	ent signeture	required v	when reinstating)	DATE	ND DIREC	TORS IN 12	034 (11/98)
SIGNATURE 12. TITLE	Signature, typed or primad name of registered age OFFICERS AN OPST BENVENUTO, SAMUEL J 5431 BUCHANAN ST.	nt and the r	r applicable.	(NOTE: Re	13. 1.1 TITLE	ent signature	required v	when reinstating)	DATE	ND DIREC	TORS IN 12	2E034 (11/98)
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4. 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 eath; 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 on an attachment with an address, with all other like empowered.

SIGNATURE

SAM BENVENUTO

2/11/99

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