PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000102750

BEVERAGE WAREHOUSE, INC.

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450 S. OLD	DIXIE HWY
JUPITER FL	33458

Mailing Address

450 S. OLD DIXIE HWY JUPITER FL 33458

FILED May 07, 1999 8:00 am Secretary of State

05-07-1999 90122 041 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

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Zip	¬ ′						·	-		-	
25 28 29 30 Personal Property Tax. Yes No 9. Name and Address of Current Registered Agent 81 Name 10. Name and Address of New Registered Agent 450 S. OLD DIXE HWY JUPITER FL 33458 84 City FL 85 Zip Code 85 Zip Code 84 City FL 85 Zip Code 85 Zip Cod		Country		Cou	ntry				rent vear Inta		
9. Name and Address of Current Registered Agent PATEL, MALTI A 450 S. OLD DIXIE HWY JUPITER FL 33458 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 lis registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the applications of Section 607 0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing lis registered agent, and the flappication. (NOTE: Registered Agent agent and the flappication.) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN NAME PATEL, MALTI A SIRRETADORESS 450 S. OLD DIXE HWY 13. STREET ADDRESS 450 S. OLD DIXE HWY 12. NAME 13. STREET ADDRESS 540 S. OLD DIXE HWY 13. STREET ADDRESS 540 S. OLD DIXE HWY 14. CTIVILE 2. AND STREET ADDRESS 540 S. OLD DIXE HWY 15. STREET ADDRESS 540 S. OLD DIXE STREET 540 S. OLD STRE	— ·		⊢		•				One your man		□No
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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 register of 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, and familiar with, and accept the chigations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, byted or principle agent and site if application. OFFICERS AND DIRECTORS 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN THE Change And STREET ADDRESS TITLE D ATTEL MALTI A 12. NAME 12. NAME 13. STREET ADDRESS CITY-ST-ZP DELETE 1.1 TITLE DELETE 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS CITY-ST-ZP DELETE 2.1 TITLE DELETE 3.1 TITLE Change ACTIV-ST-ZP CHANGE 3.3 STREET ADDRESS CITY-ST-ZP DELETE 4.1 TITLE ACTIV-ST-ZP CHANGE 3.3 STREET ADDRESS CITY-ST-ZP DELETE 4.1 TITLE ACTIV-ST-ZP CHANGE 3.3 STREET ADDRESS CITY-ST-ZP CHANGE 4.2 NAME 4.2 NAME 4.2 NAME 5.3 STREET ADDRESS CITY-ST-ZP TITLE DELETE Change ACTIV-ST-ZP TITLE Change ACTIV-ST-ZP ACTIV-ST-ZP ACTIV-ST-ZP ACTIV-ST-ZP TITLE Change ACTIV-ST-ZP ACTIV-ST-ZP ACTIV-ST-ZP ACTIV-ST-ZP ACTIV-ST-ZP ACTIV-ST-ZP ACTIV-ST-ZP ACTIV-ST-ZP					83						
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Signature, typed or printed name of neglistered agent and title if applicable. (NOTE. Revisitored Agent signature recurred when reinstating) DATE	office or n	registered agent, or both, in the State o	f Florida. Such change was	authorized	ו עס ו	the corpor	orporation submits this sta ration's board of directors.	itement for the I hereby acce	purpose of options the property of the propert	tment as i	egistered
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necessing the information supplied with this limit does not quality 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 appachment with an address, with all other like empowered.

SIGNATURE: