FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

FILED
May 28 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 525489

1. Corporation Name
Bay Area Brewers, INC.

Principal Place of Business
20505 US Hwy 19
North
Clearwater, FL. 34624

Mailing Address
1000 NW 1st Ave
suite 20
Boca Raton, FL
33432

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip
24
Country
25

2a. Mailing Address
26 1000 NW 1st Ave
Suite, Apt. #, etc.
27 suite #20
City & State
28 Boca Raton, FL
Zip
29 33432
Country
30 US

3. Date Incorporated or Qualified
8/23/1991

4. FEI Number
65-0286188
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
Mansfield, Gary
1000 NW 1st Ave #20
Boca Raton, FL 33432

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 _____ (REQUIRED) (Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	11 TITLE		☐ Change ☐ Addition
NAME	Mansfield, Gary		12 NAME		
STREET ADDRESS	1000 NW 1st Ave ste 20		13 STREET ADDRESS		
CITY-ST-ZIP	Boca Raton, FL. 33432		14 CITY-ST-ZIP		
TITLE	D	☐ DELETE	21 TITLE		☐ Change ☐ Addition
NAME	Mansfield, Lawrence		22 NAME		
STREET ADDRESS	1000 NW 1st Ave ste 20		23 STREET ADDRESS		
CITY-ST-ZIP	Boca Raton, FL. 33432		24 CITY-ST-ZIP		
TITLE	D	☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME	Mansfield, Muriel		32 NAME		
STREET ADDRESS	1000 NW 1st Ave ste 20		33 STREET ADDRESS		
CITY-ST-ZIP	Boca Raton, FL 33432		34 CITY-ST-ZIP		
TITLE	D	☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME	Mansfield, stephen		42 NAME		
STREET ADDRESS	1000 NW 1st Ave ste 20		43 STREET ADDRESS		
CITY-ST-ZIP	Boca Raton, FL 33432		44 CITY-ST-ZIP		
TITLE		☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

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***150.00

CR2E034 (10/97)

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 report or supplemental requirements 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 added above.

SIGNATURE: Mfred Mansfield 4/28/98 (561) 395-9629

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number