## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

**FILED** 

May 02 1997 8:00am

Secretary of State

A DECIMALATION AND AUTHORS HAVE MADE TOM COME AND ACTION BEEN BIRTH BIRTH AND A

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V28329

(3)

AMERICAN BOTTLING AND CANNING SUPPLY, INC.

Principal Place	of Business	Mailing Address				T MADEL OF COLUMN SERVE LIBERT FEITO TRANSPORT	AI DIDIA TIDII DI	SIE SIGN GLAN	
15148 B W 72	ST	15146 S W 72 ST							
MIAMI FL 89183		MIAMI FL 33193-3228							
US		US				3. Date Incorporated or Qualified	3a. Da	le of Last R	eport
						04/09/1992	05/0	)1/1996	
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number		Ap	oplied For
21		26				65-0330042			ot Applicable
Suite, Apt. :	#, e1C.	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75	
City & State		27 City & State						Fee Re	
23	•	28				6. Election Campaign Financing Trust Fund Contribution		\$5.00 Added 1	
Zip	Country	Zip	Oou	intry	,	8. This corporation has liability for			
24	25	29	30	•				] No	100.002,
	9. Name and Address of Curren	t Registered Agent	·			10. Name and Address of New R	egistered A	gent	
BEF	ELER, GEORGE			81	Name				
MUSEUM TOWER SUITE 2701				82	Street Ad	Idress (P.O. Box Number is Not Accepta	able)		
150	W FLAGLER ST			-					
MIAI	WI FL 33130			83					
				84	City			85 Zip (	Code
							FL		
11. Pursuant t	to the provisions of Sections 607.050;	2 and 607.1508, Florida Statuli of Florida, Such change was a	es, the a	bove d by	e-named co	orporation submits this statement for the ration's board of directors. I hereby acci	purpose of a	changing it	s registered
agent. I a	m familiar with, and accopt the obliga	itions of, Section 607 0505, Fig	orida Stal	lutes	\$.	and board of an action of the rooty ago.	opa in o appe		registered
SIGNATURE .									
12.	Signature, typed or printed name of registered age OFFICERS AND		L Registere	d Age	int signature req	quired when reinstating)  ADDITIONS/CHANGES TO OFF	DATE ICERS AND	DIRECTOR	S IN 12
TITLE	D	DELETE	1.1 1	TLE		7,00110101011111020100111		Change	Addition
NAME	PISTONE, BRYAN J	<del>"</del>	1.2 N						
STREET ADDRESS	15148 S W 72 ST				ADDRESS				
CITY-ST-ZIP	MIAMI FL		1.4 C	11 Y - S	ST-21P				1
TITLE	D	☐ DELETE	DELETE 2.1 T					Change	Addition
NAME	PISTONE, JOHN W	2.		2.2 NAME					
STREET ADDRESS	15146 S W 72 ST		2.3 S	TREET	ADDRESS				Ì
CITY-ST-ZIP	MAMI FL		2.40	2.4 CITY - S1 - ZIP					
TITLE		☐ DELETE	311	TLE				Change	Addition
NAME			32 N	AME					
STREET ADDRESS			3.3 \$	IREET	ADDRESS				
CITY-ST-ZIP		PT DECEN			ST-ZIP			- N	4.2.00
TITLE		☐ DELETE	4.1 1		}		l	L Change	Addition
NAME OTOGET ADDRESS			4.76		ANDRESO				
STREET ADDRESS			. I		ADDRESS				
CITY-ST-ZIP TITLE		DELETE	4.4 C		IT-ZIP			Change	Addition
NAME			5.2 N		1		ļ		annual visionity
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP					ST-ZIP				
TITLE		☐ DELETE	61 Ti					Change	Addition
NAME			6 2 N	AME					Į
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP			6.4 0	ITY-S	ST-ZIP				
14. I do herek	by certify that the information supplied	with this filing does not quality	fy for the	exe	mption state	ted in Section 119 07(3)(i), Florida Statut nat my signature shall have the same leg port as required by Chapter 607, Florida	les. I further	certify that	the
l am an ol	flicer or director of the gorporation or	the receiver or trustee empoy	vered to a	auct Xec	nate and in oute this rep	port as required by Chapter 607, Florida	Statutes; an	ii made un id that my r	name