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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # **V28329**

1. Corporation Name

AMERICAN BOTTLING AND CANNING SUPPLY, INC.

Principal Place of Business Mailing Address			iling Address								
107.10 0 117.10 0 1			146 S W 72 ST								
			AI FL 33193				DO NOT WRITE IN THIS SPACE				
US		US					3.	Date Incorporated or Qualifed			/ ***
ı							1 -	04/09/1992			
2 Principal Pl	ace of Business	22	Mailing Address				4	I. FEI Number		App	lied For
21	ace of business	26	, namely , values					65-0330042			Applicable
Suite, Apt.	# etc	20	Suite, Apt. #, etc.						\$8.7	5 Ac	dditional
22		27	7				5.	5. Certifcate of Status Desired	Fed	e Req	juired
City & State			City & State				6.	3. Election Campaign Financing	\$5.	00 v	/lay Be
23		28	·				"	Trust Fund Contribution	•		Fees
Zip	Country		Zip	Cour	itry		8.	This corporation owes the current year In	itangible		
24	25	29		30			•	Personal Property Tax.	X⊠ Yes	[□No
2-7	9. Name and Address of Curre		tered Agent	1			10). Name and Address of New Registered	Agent		
					81	Name					
BEFE	eler, george			F	-	01 4 4 4 4	((D.O. Bay Number in Net Acceptable)			
MUS	EUM TOWER SUITE 2701				82	Street Add	ress ((P.O. Box Number is Not Acceptable)			
150	W FLAGLER ST			ŀ	83						
MIAN	AI FL 33130			Ĺ	\perp				11		
					84	City		FI	85	Zip Co	ode
office or re agent. I a	egistered agent, or both, in the Stat in familiar with, and accept the obliq	e of Florid pations of,	a. Such change was Section 607.0505, Fl	authorized orida Statu	by t	the corporati	on's b	on submits this statement for the purpose of board of directors. I hereby accept the appoint	r changing intment a	gits regi	egistered istered
	Signature, typed or printed name of registered a				Agent	t signature require		n reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	NO DIDE	CTOL	2C IN 12
12.	OFFICERS A	ND DIRE	CTORS DELETE	13.				ADDITIONS/CHANGES TO OFFICERS A	Char		Addition
TITLE	<i>-</i>			1.1 TITLE					,,,,		
NAME	PISTONE, BRYAN J			1.2 NA							
STREET ADDRESS	15146 S W 72 ST					ADDRESS					
CITY-ST-ZIP	MIAMI FL	☐ DELETE		1,4 CIT		-ZIP			☐ Char		Addition
TITLE	D		☐ DECE LE		2.1 TITLE					igo	
NAME .		stone, John W		2.2 NA	2.2 NAME			•		•	
STREET ADDRESS	15146 S W 72 ST			2.3 STI	REET	ADDRESS					
CITY-ST-ZIP	MIAMI FL			2. 4 Cr		T-ZIP					Addition
TITLE	VSD		☐ DELETE	3.1 TIT	LE	1			Chai	nye	Addition
NAME	PISTONE, BRYAN J			3.2 NA							
STREET ADDRESS	15146 SW 72 STREET			3.3 ST	REET	ADDRESS					
CITY-ST-ZIP	MIAMI FL 33193				Y-ST-ZIP				☐ Chai		
TITLE	PTD		☐ DELETE	4.1 T\T	LE					nge	☐ Addition
NAME	Pistone, John W			4, 2 NA	ME						
STREET ADDRESS	15146 SW 72 STREET			4.3 STI	REET	ADDRESS					
CITY-ST-ZIP	MIAMI FL 33193				I.4 CITY-ST-ZIP						
TITLE			☐ DELETE	5.1 TIT)			Cha.	nge	Addition Addition
NAME				5.2 NA							
STREET ADDRESS				5.3 STI	REET	ADDRESS					
CITY-ST-ZIP				5.4 CIT		Γ-ZIP					
TITLE			☐ DELETE	6.1 TIT	LE,				☐ Cha	nge	☐ Addition
NAME				6.2 NA	ME						
STREET ADDRESS				6.3 ST	REET	ADDRESS					

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 suppliemental innual 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 of 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 by on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

TRE RECOUNTSTONE SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/99

FILED May 05, 1999 8:00 am Secretary of State

05-05-1999 90080 034 ***150.00

CR2E034 (11/98)