

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **V43028** (2)

1. Corporation Name

**SUNCOAST BEVERAGE SYSTEMS, INC.**



Principal Place of Business

Mailing Address

**1784 EMERSON DRIVE SE  
PALM BAY FL 32909**

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PALM BAY FL 32909**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>06/09/1992</b>		3a. Date of Last Report <b>03/31/1995</b>	
21		26		4. FEI Number <b>59-3125484</b>		Applied For Not Applicable	
22 Suite, Apt #, etc.		27 Suite, Apt #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
24 Zip	Country	29 Zip	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SPEANBURG, DUANE C  
1784 EMERSON DRIVE SE  
PALM BAY FL 32909**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when reinstating)

(DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	11 TITLE	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SPEANBURG, DUANE C</b>	12 NAME	<b>Speanburg, Duane C.</b>
STREET ADDRESS	<b>700 SE 5TH TERRACE</b>	13 STREET ADDRESS	<b>122 Timberlane</b>
CITY - ST - ZIP	<b>POMPANO BEACH FL</b>	14 CITY - ST - ZIP	<b>Jupiter, FL 33458</b>
TITLE	DVP <input checked="" type="checkbox"/> DELETE	21 TITLE	DVP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MCCUNE, WAYNE E.</b>	22 NAME	<b>McCune, Wayne E.</b>
STREET ADDRESS	<b>11526 DUNES RD</b>	23 STREET ADDRESS	<b>11526 Dunes Rd</b>
CITY - ST - ZIP	<b>BOYNTON BEACH, FL 33436</b>	24 CITY - ST - ZIP	<b>Boynton Beach, FL 33436</b>
TITLE	DVP <input checked="" type="checkbox"/> DELETE	31 TITLE	DVP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SPEANBURG, TIMOTHY D.</b>	32 NAME	<b>Speanburg, Timothy D</b>
STREET ADDRESS	<b>665 Rosewood Ct.</b>	33 STREET ADDRESS	<b>6111 Drake Street</b>
CITY - ST - ZIP	<b>INDIAN HARBOR, FL 32937</b>	34 CITY - ST - ZIP	<b>Palm Beach Gardens, FL 33418</b>
TITLE	<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY - ST - ZIP		44 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 1 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

**DC SPEANBURG**

**7/15/96. 954-946-2155**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E034 (3/96)