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

Mar 16 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # V62103 (9) **BOCA BEVERAGE CORP.** Principal Place of Business Mailing Address 510 GOOLSBY BLVD 510 GOOLSBY BLVD DEERFIELD BCH FL 33442 DEERFIELD BCH FL 33442 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified <u>09/08/1992</u> 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 21 65-0349963 Not Applicable \$8.75 Additional Suite, Apt. #, etc Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 30 Personal Property Tax due June 30. Yes 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name STALLONE ANDREW 6822 VIA REGINA 82 Street Address (P.O. Box Number is Not Acceptable) STE - 105 **BOCA RATON FL 33433** 84 City 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, typed or printed name of regestered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. TITLE DELETE 1.1 TITLE Change Addition NAME STALLONE, ANDREW 12 NAME 6822 VIA REGINA STREET ADDRESS 1.3 STREET ADDRESS **BOCA RATON FL** 1.4 CITY - ST - ZIP CffY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE NAME STALLONE, VITO 2.2 NAME STREET ADDRESS 7148 VIA PALOMAR 2.3 STREET ADDRESS **BOCA RATON FL** CITY - ST - ZIP 2 4 CITY - ST- 7IP DELETÉ Change Addition 3.1 TITLE TITLE NAME STALLONE, FRANK 3.2 NAME 1069 HILLSBORO MILE 3.3 STREET ADDRESS STREET ADDRESS POMPANO BCH FL CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Addition Change TITLE 4.1 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP Addition DELETE Change TITLE 51 TITLE NAME 5.2 NAME STREET ADDRESS 5 3 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP DELETE Change Addition 6.1 THLE TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS

6.4 CITY - ST - ZIP

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 supplemental annual report, 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 of the receiver or truster impowered a execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changing or on an altrachment with us accurate.

CITY-ST-ZIP

SIGNATURE:

**FILED**