

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 # V68086 (0)		1. Corporation Name BEVERAGE MARKETING COMPANY, INC.	
Principal Place of Business 3221 S ATLANTIC AVE STE 703 COCOA BEACH FL 32931 US		Mailing Address P O BOX 321508 COCOA BEACH FL 32932 US	
2. Principal Place of Business 21 3219 S. ATLANTIC AVE Suite, Apt # etc 22 STE 502 City & State 23 Zip 24		2a. Mailing Address 26 Suite, Apt #, etc. 27 City & State 28 Zip 29 Country 30	
3. Date Incorporated or Qualified 10/02/1992		3a. Date of Last Report 07/31/1995	
4. FEI Number 59-3145524		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
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 KRAUSE, KURT W 3221 S ATLANTIC AVE STE 703 COCOA BEACH FL 32931		10. Name and Address of New Registered Agent 81 Name ELIZABETH KRAUSE 82 Street Address (P.O. Box Number is Not Acceptable) 3219 S. ATLANTIC AVE 83 STE 502 84 City COCOA BEACH FL 85 Zip Code 32931	
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 <i>Elizabeth Krause</i> 6/25/96 (NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS			
TITLE	D	<input type="checkbox"/> DELETE	
NAME	KRAUSE, KURT W.		
STREET ADDRESS	3221 S ATLANTIC AVE STE 703		
CITY - ST - ZIP	COCOA BEACH FL		
TITLE	D	<input type="checkbox"/> DELETE	
NAME	KRAUSE, ELIZABETH		
STREET ADDRESS	3221 S ATLANTIC AVE STE 703		
CITY - ST - ZIP	COCOA BEACH FL		
TITLE	D	<input checked="" type="checkbox"/> DELETE	
NAME	KRAUSE, THOMAS W.		
STREET ADDRESS	5221 S ATLANTIC AVE STE 703		
CITY - ST - ZIP	COCOA BEACH FL		
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
11 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
12 NAME			
13 STREET ADDRESS	3219 S. ATLANTIC AVE, #502		
14 CITY - ST - ZIP			
21 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
22 NAME			
23 STREET ADDRESS	3219 S. ATLANTIC AVE, #502		
24 CITY - ST - ZIP			
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
32 NAME			
33 STREET ADDRESS			
34 CITY - ST - ZIP			
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
42 NAME			
43 STREET ADDRESS			
44 CITY - ST - ZIP			
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
52 NAME			
53 STREET ADDRESS			
54 CITY - ST - ZIP			
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
62 NAME			
63 STREET ADDRESS			
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 12 or Block 13 if changed, or on an attachment with an address.			
SIGNATURE: <i>Elizabeth Krause</i> ELIZABETH KRAUSE 6/25/96 407-799 0507 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

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