


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

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May 07, 1999 8:00 am
Secretary of State

05-07-1999 90083 016 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # V68086

1. Corporation Name
BEVERAGE MARKETING COMPANY, INC.

Principal Place of Business
3219 S ATLANTIC AVE
STE 502
COCOA BEAZ<CH FL 32931
US

Mailing Address
P O BOX 321508
COCOA BEACH FL 32932
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 205 BALLYSHANNON ST Suite, Apt. #, etc. # 501 City & State MELBOURNE BEACH, FL Zip 32951 Country USA		2a. Mailing Address 26 P O BOX 321508 Suite, Apt. #, etc. City & State Zip 32951 Country		3. Date Incorporated or Qualified 10/02/1992	
4. FEI Number 59-3145524		Applied For <input type="checkbox"/> 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		7. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
9. Name and Address of Current Registered Agent KRAUSE, ELIZABETH 3219 S ATLANTIC AVE STE 502 COCOA BEACH FL 32931			10. Name and Address of New Registered Agent 81 Name KRAUSE, ELIZABETH 82 Street Address (P.O. Box Number is Not Acceptable) 205 BALLYSHANNON ST #501 83 84 City MELBOURNE BEACH FL 85 Zip Code 32951		

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 *Elizabeth Krause* **ELIZABETH KRAUSE** DATE **4/28/99**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <input type="checkbox"/> DELETE NAME KRAUSE, KURT W. STREET ADDRESS 3219 S ATLANTIC AVE., #502 CITY-ST-ZIP COCOA BEACH FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition	1.1 TITLE 1.2 NAME 205 BALLYSHANNON ST #501 1.3 STREET ADDRESS MELBOURNE BEACH, FL 32951 1.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <input type="checkbox"/> DELETE NAME KRAUSE, ELIZABETH STREET ADDRESS 3219 S ATLANTIC AVE., #502 CITY-ST-ZIP COCOA BEACH FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition	2.1 TITLE 2.2 NAME 205 BALLYSHANNON ST #501 2.3 STREET ADDRESS MELBOURNE BEACH, FL 32951 2.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Elizabeth Krause* **ELIZABETH KRAUSE** DATE **4/28/99** Daytime Phone # **407-728-4214**

CR2E034 (11/98)