

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.)

APPROVED
AND
FILED

1997 APR 23 AM 9: 53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 840979 (9)
 1. Corporation Name
CADBURY BEVERAGES INC.

Principal Place of Business HIGH RIDGE PARK STAMFORD CT 06905	Mailing Address HIGH RIDGE PARK STAMFORD CT 06905
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3. Date Incorporated or Qualified 06/29/1978	3a. Date of Last Report 02/16/1995
4. FEI Number 04-2492250	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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt #, etc	26 Suite, Apt #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROCK, JOHN F	1.2 NAME	600002158346
STREET ADDRESS	42 CHARTER OAK DR.	1.3 STREET ADDRESS	-04/29/97--01077--002
CITY-ST-ZIP	WILTON CT 06897	1.4 CITY-ST-ZIP	***165.00 ***165.00
TITLE	VGCS <input type="checkbox"/> DELETE	2.1 TITLE	Sec. V. P. / Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LYONS, GARY G	2.2 NAME	Nelson A. Bangs
STREET ADDRESS	169 GARDENBOUGH RD.	2.3 STREET ADDRESS	8144 Walnut Hill Ln. Dallas, TX 75231
CITY-ST-ZIP	BRIARCLIFF MANOR NY 10510	2.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUNTLEY, CHARLES N	3.2 NAME	
STREET ADDRESS	5 TOP O'HILL RD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	DARIEN CT 06820	3.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAY, ANTHONY M	4.2 NAME	
STREET ADDRESS	172 JOCKEY HOLLOW RD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	MONROE CT 06468	4.4 CITY-ST-ZIP	
TITLE	VT <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAKUBEK, PAUL J	5.2 NAME	
STREET ADDRESS	91 WESTWOOD RD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	STAMFORD CT 06902	5.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STITZER, H. TODD	6.2 NAME	
STREET ADDRESS	HILL SIDE COTTAGE, 243 MORELAND	6.3 STREET ADDRESS	
CITY-ST-ZIP	KENSINGTON CT 06037	6.4 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: *Nelson A. Bangs* **Nelson A. Bangs**
 Date: **4/11/97**
 Daytime Phone #: **214-360-700**

CR2E034 (3/96)

Handwritten initials and date
4/20/97