

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
 Jul 30 1998 8:00am
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F94000001401 (8)
 1. Corporation Name
FROSTEE BEVERAGE COMPANY



Principal Place of Business 5315 TREMONT AVE. DAVENPORT IA 52807	Mailing Address 5315 TREMONT AVE. DAVENPORT IA 52807
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DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified 03/18/1994	
4. FEI Number 42-1382688	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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>Does Not owe</i>	

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
 1200 S. PINE ISLAND RD.
 PLANTATION FL 33324**

10. Name and Address of New Registered Agent

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

FL

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

TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	MCANALLY, DAVID	
STREET ADDRESS	5315 TREMONT AVE.	
CITY-ST-ZIP	DAVENPORT IA 52807	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CARNAHAN, E. F	
STREET ADDRESS	5315 TREMONT AVE.	
CITY-ST-ZIP	DAVENPORT IA 52807	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	COLOMBARI, JOSEPH	
STREET ADDRESS	5315 TREMONT AVE.	
CITY-ST-ZIP	DAVENPORT IA 52807	
TITLE	T	<input type="checkbox"/> DELETE
NAME	SAUNDERS, SHARON D.	
STREET ADDRESS	5315 TREMONT AVENUE	
CITY-ST-ZIP	DAVENPORT IA	
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

1.1 TITLE	PATRICK DRISCOLL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	5315 TREMONT AVE.	
1.3 STREET ADDRESS	DAVENPORT, IA 52807	
1.4 CITY-ST-ZIP		
2.1 TITLE	MARK TARWATER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	5315 TREMONT AVE.	
2.3 STREET ADDRESS	DAVENPORT, IA 52807	
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 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)(f), 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.

SIGNATURE: *Sharon D. Saunders* (Sharon D. SAUNDERS 7/21/98 319-386-5222) **TREASURER**

CR2E034 (5/98)