

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

000199

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

FILED May 05, 1999 8:00 am Secretary of State

05-05-1999 90101 021 ***150.00

DOCUMENT # F96000002859

1. Corporation Name CADBURY BEVERAGES INTERNATIONAL INC.



Principal Place of Business

~~8144 WALNUT HILL LANE STAMFORD CT 75231~~

Mailing Address

~~6 HIGH RIDGE PARK STAMFORD CT 06905~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/07/1996

2. Principal Place of Business

21 5301 Legacy Drive

2a. Mailing Address

26 5301 Legacy Drive

4. FEI Number

06-1414002

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax.

Yes No

22 City & State

Plano, Texas

27 City & State

Plano, Texas

24 Zip

75024

25 Country

29 Zip

75024

30 Country

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
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

FL

85

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DC	<input type="checkbox"/> DELETE
NAME	BROCK, JOHN	
STREET ADDRESS	6 HIGH PARK	
CITY-ST-ZIP	STAMFORD CT 06905	
TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	BEARDON, RICHARD	
STREET ADDRESS	8144 WALNUT HILL LANE	
CITY-ST-ZIP	DALLAS TX	
TITLE	SVP	<input checked="" type="checkbox"/> DELETE
NAME	SALTZMAN, MICHAEL	
STREET ADDRESS	5601 KELLEY LANE	
CITY-ST-ZIP	PLANO TX 75093	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	UDOW, HENRY A	
STREET ADDRESS	6 HIGH RIDGE PARK	
CITY-ST-ZIP	STAMFORD CT 06905	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	BANGS, NELSON A	
STREET ADDRESS	8144 WALNUT LANE	
CITY-ST-ZIP	DALLAS TX	
TITLE	S	<input type="checkbox"/> DELETE
NAME	JAKUBEK, PAUL J	
STREET ADDRESS	6 HIGH RIDGE PARK	
CITY-ST-ZIP	STAMFORD CT 06905	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	Director / President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Rinaldo Alfinito
2.3 STREET ADDRESS	5301 Legacy Dr.
2.4 CITY-ST-ZIP	Plano, TX 75024
3.1 TITLE	Vice Pres. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Bruce N. Futtner
3.3 STREET ADDRESS	5301 Legacy Dr.
3.4 CITY-ST-ZIP	Plano, TX 75024
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	VP / Sec. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	C. David Hitchiner
5.3 STREET ADDRESS	5301 Legacy Dr.
5.4 CITY-ST-ZIP	Plano, TX 75024
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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

V.P. / Secretary

Date

Daytime Phone #

972-673-7020

CR2E034 (11/98)