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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1. Corporation	MENT # 249793 LIQUORS INC	3 (1)				
	•					
Principal Place	e of Business	Mailing Address			100110 17011 01919 19171 19018 10180 1111 0181	I BIBIT GIBIT BIBIT BIBIT BIBIT IBBI
1601 CENTRAL AVE 1601 CENTRAL AVE						
ST PETERSBURG FL 33713		ST PETERSBURG FL 33713			DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualified	
					07/29/1961	
2. Principal P	2. Principal Place of Business 2a. Mailing Address				4. FEI Number	Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.		59-0874405	Not Applicable	
_	#, etc.	27 Suite, Apr. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	9	City & State			6, Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Cour	ntry	8, This corporation owes or has paid th	e current year Intangible
24	25	29	30		Personal Property Tax due June 30.	Yes No
	9. Name and Address of Currer	nt Registered Agent			10. Name and Address of New Registe	red Agent
	SIEWICE PAUL V.			81 Name		
3080 BRANCH DRIVE			-	82 Street Add	lress (P.O. Box Number is Not Acceptable)	
CC	LEARWATER FL-84820 337	106		83		
				84 City		FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Stat	utes, the ab	ove-named cor	poration submits this statement for the ouron	ose of changing its registered
l office or n	egistered agent, or both, in the State in familiar with, and accept the oblig	of Florida. Such change wa	s authorized	i by the corpora	ation's board of directors. I hereby accept the	appointment as registered
SIGNATURE	ar larina. The and accept the oblig	and is all obtains to see a	i ionaa ciat			
SIGNATORE	Signature, typed or printed name of registered ago	ent and (die if applicable (N	OTE: Registered	Agent signature requ	red when reinstating) Da	ATE
12.		D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	
TITLE	PD	☐ DELET <b>E</b>	1.1 1/1			Change Addition
NAME	MISIEWICZ,VICTOR		1.2 NA	·		
STREET ADDRESS	5700 3RD ST \$ ST PETERSBURG FL			REET ADDRESS		
CITY-ST-ZIP TITLE	D D	DELETE	2.1 TIT	Y-ST-ZIP		Change Addition
NAME	MISIEWICZ, JANE	<del>_</del> _	2.2 NAI			- · -
STREET ADDRESS	5700 3RD ST S			REET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG FL			ry-St-ZiP		
TITLE	VO .	DELETE	3.1 TITI	LF.		Change Addition
NAME	MISIEWICZ, PAUL V.	1080 BRANCH	3.2 NAI	ME		
STREET ADDRESS	-6482 29TH AVE NORTH 3	1080 DEANCH	3.3 STF	REET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG FL CL	EXCUPTER, F2 33		IY-\$1-ZIP		
TITLE		☐ DELETE	4.1 1(1)			Change Addition
SMAN			4. 2 NA			
STREET ADDRESS				REET ADDRESS		
CITY-ST-ZIP TITLE		☐ DELETE	4.4 CH 5.1 TITI	Y-ST-ZIP		Change Addition
NAME			5.2 NA			onange thousan
STREET ADDRESS				REET ADDRESS		
CITY-ST-ZIP			1	Y-ST- <i>T</i> IP		
TITLE		DELET <b>e</b>	6.1 TITI			Change Addition
NAME			6.2 NA	ME		
STREET ADDRESS	•		6.3 STR	REET ADDRESS		
CITY-ST-ZIP	÷.		6.4 CIT	Y - ST - 71P		

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 chapted, or on an attachment with an address.

CIGNATURE PARTY DE MINOR PR

Park MISIGUICE

7-11-98

**FILED** 

Feb 18 1998 8:00am

Secretary of State