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FILED
May 21 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 293702 (7)

1. Corporation Name
CROWN LIQUORS OF BROWARD, INC.

Principal Place of Business
910 N W 10TH PLACE
FT LAUDERDALE FL 33311

Mailing Address
910 N W 10TH PLACE
FT LAUDERDALE FL 33311-6132



3. Date Incorporated or Qualified 06/08/1965
3a. Date of Last Report 04/25/1996

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-1098051		Applied For	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.				Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired		☐ \$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution		☐ \$5.00 May Be Added to Fees	
24 Country		29 Country		30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent

SANDLER, PAUL
910 NW 10TH PL
FORT LAUDERDALE FL

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD KASSAL, STANLEY	1.1 TITLE	☐ Change ☐ Addition
NAME	393 CENTER ISLAND	1.2 NAME	
STREET ADDRESS	GOLDEN BEACH FL	1.3 STREET ADDRESS	
CITY - ST - ZIP		1.4 CITY - ST - ZIP	
TITLE	STD ROSENTHAL, ALAN	2.1 TITLE	☐ Change ☐ Addition
NAME	218 HOLIDAY DRIVE	2.2 NAME	
STREET ADDRESS	GOLDEN ISLES FL	2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE	VD KASSAL, MICHAEL	3.1 TITLE	☐ Change ☐ Addition
NAME	393 CENTER ISLAND	3.2 NAME	
STREET ADDRESS	GOLDEN BEACH FL	3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	V MCGINNESS, H JAMES	4.1 TITLE	☐ Change ☐ Addition
NAME	4407 SW 24TH AVENUE	4.2 NAME	
STREET ADDRESS	FT LAUDERDALE FL	4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do 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.

SIGNATURE:

H. J. McGinness H. J. McGinness

05/07/97 (954)763-6831

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (9/96)