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Jan 23 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 # 605846 (5)

1. Corporation Name
KINGS LIQUORS, INC.

Principal Place of Business
1900 NORTH MILITARY TRAIL
BOCA RATON FL 33431

Mailing Address
1900 NORTH MILITARY TRAIL
BOCA RATON FL 33431-8503



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

3. Date Incorporated or Qualified
01/05/1979

3a. Date of Last Report
02/02/1996

4. FEI Number

59-1872565

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 has liability for intangible tax under s. 199.032, Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

COSTA, SAM JR., P.A.
1900 N MILITARY TRAIL #102
BOCA RATON, FL
33431

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 PTC
NAME COSTA, SAM
STREET ADDRESS 21070 VERDE TR.
CITY-ST-ZIP BOCA RATON FL

TITLE VSD
NAME COSTA, SALLY
STREET ADDRESS 21070 VERDE TR.
CITY-ST-ZIP BOCA RATON FL

TITLE V
NAME COSTA, SAM JR.
STREET ADDRESS 21070 VERDE TR.
CITY-ST-ZIP BOCA RATON FL

TITLE V
NAME COSTA, CARL
STREET ADDRESS 6770 TIBURON DRIVE
CITY-ST-ZIP BOCA RATON FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS 2921 N.W. 27th Ave
1.4 CITY-ST-ZIP BOCA RATON, FL 33432

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS 2921 N.W. 27th Ave.
2.4 CITY-ST-ZIP BOCA RATON, FL 33432

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS 6356 Pond Apple Rd
3.4 CITY-ST-ZIP BOCA RATON, FL 33433

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS 2824 N.W. 28th St.
4.4 CITY-ST-ZIP BOCA RATON 33434

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/97

Date

Daytime Phone #

CR2E034 (9/96)