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95 APR 17 PH 2: 59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # P33186 (8)
1. Corporation Name
UNITED DISTILLERS (FLORIDA) INC.

Principal Place of Business Mailing Address
6 LANDMARK SQUARE STAMFORD CT 06901 **6 LANDMARK SQUARE STAMFORD CT 06901**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		03/18/1991	05/01/1994
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For
22		27		06-1240182	Not Applicable
City & State		City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23		28		<input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	
24	25	29	30	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				B1	Name		
				B2	Street Address (P.O. Box Number is Not Acceptable)		
				B3			
				B4	City	FL	B5

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 re-registering) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	1. TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	2. NAME		
STREET ADDRESS	3. STREET ADDRESS		
CITY - ST - ZIP	4. CITY - ST - ZIP	06901	
TITLE	21. TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	22. NAME		
STREET ADDRESS	23. STREET ADDRESS		
CITY - ST - ZIP	24. CITY - ST - ZIP	06901	
TITLE	31. TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	32. NAME		
STREET ADDRESS	33. STREET ADDRESS		
CITY - ST - ZIP	34. CITY - ST - ZIP	06901	
TITLE	41. TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	42. NAME		
STREET ADDRESS	43. STREET ADDRESS		
CITY - ST - ZIP	44. CITY - ST - ZIP	06901	
TITLE	51. TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	52. NAME		
STREET ADDRESS	53. STREET ADDRESS		
CITY - ST - ZIP	54. CITY - ST - ZIP		
TITLE	61. TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	62. NAME		
STREET ADDRESS	63. STREET ADDRESS		
CITY - ST - ZIP	64. CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 of this report, or on an attachment with an address.

SIGNATURE: *Robert T. Brown* **Robert T. Brown** 4/6/95 (202) 359-7483