

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

FILED

Jan 22 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **182648** (6)
1. Corporation Name
ACE LIQUORS INC

Principal Place of Business 1751 GULF TO BAY BLVD CLEARWATER FL 34615	Mailing Address 1751 GULF TO BAY BLVD CLEARWATER FL 34615
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1751 Gulf To Bay Blvd. Suite, Apt. #, etc. 22 City & State 23 Clearwater, FL Zip 24 33755		2a. Mailing Address 26 1751 Gulf To Bay Blvd Suite, Apt. #, etc. 27 City & State 28 Clearwater, FL Zip 29 33755		3. Date Incorporated or Qualified 01/10/1955	
Country 25 USA		Country 30 USA		4. FEI Number 59-0747384 Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent LAWRENCE, M C 439 ISLAND WAY CLEARWATER FL 34630		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 33767	
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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	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLDEN, LA	1.2 NAME	
STREET ADDRESS	2170 AMERICUS BLVD #28	1.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER, FL 00000	1.4 CITY-ST-ZIP	
TITLE	TD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAWRENCE, N G	2.2 NAME	Laurence, N.G.
STREET ADDRESS	439 ISLAND WAY	2.3 STREET ADDRESS	439 Island Way
CITY-ST-ZIP	CLEARWATER, FL 00000	2.4 CITY-ST-ZIP	Clearwater, FL 33767
TITLE	VD	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAWRENCE, M C	3.2 NAME	Laurence, MC
STREET ADDRESS	439 ISLAND WAY	3.3 STREET ADDRESS	439 Island Way
CITY-ST-ZIP	CLEARWATER, FL 00000	3.4 CITY-ST-ZIP	Clearwater, FL 33767
TITLE	SD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STETLER, C H	4.2 NAME	
STREET ADDRESS	512 PHOENIX ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, on an attachment with an address.

SIGNATURE: **Michael C. Lawrence**

1/12/98 813-446-6754

CR2E034 (10/97)