

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 274162 (7)

1. Corporation Name

WALDORF-PLAZA LIQUORS, INC

Principal Place of Business

3733 UNIVERSITY BOULEVARD WEST
SUITE 107
JACKSONVILLE FL 32217

Mailing Address

3733 UNIVERSITY BOULEVARD WEST
SUITE 107
JACKSONVILLE FL 32217



3. Date Incorporated or Qualified
09/27/1963

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 C/O MORRIS & MORRIS, P.A.

26 C/O MORRIS & MORRIS, P.A.

4. FEI Number
59-1028629

Applied For
Not Applicable

Suite, Apt. #, etc.
22 9315 SAN JOSE BLVD.

Suite, Apt. #, etc.
27 P.O. BOX 56375

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

City & State
23 JACKSONVILLE, FL

City & State
28 JACKSONVILLE, FL

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

Zip Country
24 32257 25 USA

Zip Country
29 32241-6375 30 USA

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PAUL, SUZANNE M.
1437 SAN MARCO BLVD
JACKSONVILLE FL 32207

81 Name
PAUL, SUZANNE M.

82 Street Address (P.O. Box Number is Not Acceptable)
1008 RIO ST. JOHNS DRIVE

83

84 City
JACKSONVILLE

FL 85 Zip Code
32211

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 re-appointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PDT
PAUL, SUZANNE M.
1437 SAN MARCO BLVD.
JACKSONVILLE FL ☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
PTS
PAUL, SUZANNE M.
1008 RIO ST. JOHNS DRIVE
JACKSONVILLE, FL 32211 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
PAUL, VINCENT M JR
1437 SAN MARCO BLVD.
JACKSONVILLE FL ☒ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ Change ☐ Addition

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 119.07(3)(k), 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

SUZANNE M. PAUL

Date

Daytime Phone #

CR2E034 (12/95)