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PROFIT CORPORATION **ANNUAL REPORT** 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 274162

(7)

FILED	
May 20 1998 8:	00am
Secretary of S	tate

3500 CAROIN JACKSONVIL	ORF-PLAZA LIQUORS, INC se of Business S & MORRIS, P.A. NAL POINT DR STE 1 LLE FL 32257	Mailing Address C/O MORRIS & MORRI PO BOX 56375 JACKSONVILLE FL 322		·	DO NOT WRITE IN			
US		US			3. Date Incorporated or Qualified			
A Discount O	Place of Business	2a. Mailing Address			09/27/1963		1	
	Tace of Business				4. FEI Number		Applied	
Suite, Apt.	# etc	Suite, Apt. #, etc.			59-1028629	- ¢0	Not Appl 75 Additio	
22	, .	27			5. Certificate of Status Desired		ee Required	
City & State	e	City & State			6. Election Campaign Financing		.00 May E	
23		28			Trust Fund Contribution		ded to Fee	
Ζιρ	Couritry	Ζιρ	Cour	ntry	8. This corporation owes or has paid th		ar Intangibl	0
24	25	29	30		Personal Property Tax due June 30.	Yes Yes	□ No	
	9. Name and Address of Curre	ent Registered Agent		81 Name	10. Name and Address of New Regist	ered Agent		
	AUL, SUZANNE M.		1	81 Name				
	008 RIO ST JOHNS DRIVE			B2 Street Ac	dress (P.O. Box Number is Not Acceptable)			
JA	ACKSONVILLE FL 32211		L	83				•
				•				
				84 City		FL 85	Zip Code	
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statu	tes, the ab	ove-hamed co	orporation submits this statement for the purporation's board of directors. I hereby accept the		ging its regis	stered
office or ri agent. I a	im familiar with, and accept the obli	gations of, Section 607.0505, F	lorida Statu	the corpo ites.	ration's board or directors. Thereby accept the	e appointine	an do region	
SIGNATURE								
SIGNATURE	Signature, typod or printed name of registered a	gest and tile it applicable (NO	TE: Registered		quired when reinstating) D	ATE		[
SIGNATURE	Signature, typod or printed name of registered a			Agent signature re		ATE	CTORS IN 1	
SIGNATURE	Signature, typod or printed name of registered a OFFICERS A	gest and tille if applicable (NO ND DIRECTORS	TE: Registered	Agont signature re	quired when reinstating) D	ATE S AND DIRE	CTORS IN 1	2
SIGNATURE 12. TITLE	Signature, typod or printed name of registered a OFFICE HS A	ged and tile II applicable (NO ND DIRECTORS DELETE	TE: Registered 13. 1.1 TITI	Agont signature re	quired when reinstating) D	ATE S AND DIRE	CTORS IN 1	2
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officer or director of the corporation or the receiver or frustee 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.

CICNATIDE.

4/28/98