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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 306646

(1)

ANTHONY'S LIQUORS, INC

**FILED** Jan 23 1998 8:00am Secretary of State

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Principal Place of Business Mailing Address				A LOGIOR HILL BRILD BLILD BLILL BIRTH BIRTH B	IBN WIWN BIBN	- 84831 BIBIT 4881		
ORLANDO FL 32606			3041 WESTCHESTER AVE ORLANDO FL 32903 US		DO NOT WRITE IN TH	IS SPACE		
		••				3. Date Incorporated or Qualified		
						06/29/1966		
2, Principal Pi	ace of Business	2a. Mailing Add	ress			4, FEI Number		Applied For
21		26				59-1146919		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #	, etc.			5. Certificate of Status Desired		75 Additional
22		27					·	e Required
City & State	•	City & State				6, Election Campaign Financing	,	00 May Be
23		28				Trust Fund Contribution	Add	ded to Fees
Zip	Country	Zip		ountry		8. This corporation owes or has paid the		
24	25]	29	30		<del></del>	Personal Properly Tax due June 30.	Yes Yes	LJ No
	9. Name and Address of Curre	nt sagistered Agent	<del></del>	81	Name	10. Name and Address of New Register	eo Agent	
	EAL, CURTIS			"	Mairie			
	5 LEE RD., SUITE 103			82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
WIN	TER PARK FL 32789							
				83				
				84	City		85	Zip Code
				. <b> </b>  .	· · · · · · · · · · · · · · · · · · ·	•	<u>L  °°   </u>	
office or re	o the provisions of Sections 607.05 egistered agent, or both, in the Stat m familiar with, and accept the obliq	e of Florida. Such char	ige was authorize	ed by	the corporation	oration submits this statement for the purposion's board of directors. Fhereby accept the a	e or changir appointmen	t as registered
SIGNATURE	Signature, typical or printed name of registered as	The state of the state of the			t was an ear	rd when reinstating) DATe		
12.		NO DIRECTORS	13.		( signature reduito	ADDITIONS/CHANGES TO OFFICERS A	· · · · · · · · · · · · · · · · · · ·	TORS IN 12
TITLE	VP CONTROL TO			 111LF		ADDITIONS/OFFANGES TO OFFICE 13 P	Char	******
NAME	MURRELL, ROBERT G			NAME				
STREET ADDRESS	ONE N. ROSALIND AVENUE				ODRESS			
CITY-ST-ZIP	ORLANDO FL 32801			CITY-ST				
TITLE	PD			TITLE			Char	nge Addition
NAME	MURRELL, M.L.			NAME				
STREET ADDRESS	3041 WESTCHESTER AVE.				ADDRESS			
City-St-ZiP	ORLANDO FL			CiTY-SI				
TITLE	VIIDATIO I L			IITLF	* Z I F		Char	ige Addition
NAME		<b>L</b> -		NAME				
STREET ADDRESS					DDRESS			ł
CITY-ST-ZIP				CITY-SI				ļ
TITLE		Di		UITE IIIE	- e (F		Chan	nge Addition
NAME		C. 24		NAMÉ				
STREET ADDRESS			· ·		.DDRESS			
CITY-ST-ZIP TITLE		DI		CITY - ST TITLE	- 70'		Chan	ige Addition
		ال الـــا					القالح (ب	go LJ Addition
NAME				NAME	tione oc			
STREET ADDRESS				STREET A	1			į
CITY-ST-ZIP		DI		CITY - ST	- <u>/</u> IP		☐ Chan	noa Addition
TITLE		וון נו		EITLE				ige L Addition
NAME				NAME				
\$TREET ADDRESS					DDRESS			
CITY-ST-ZIP			6,4 0	CITY - ST	ZIP			

14. Thereby 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.

MERCERCERS MIDDELT

MERCERCEES MURRELL