

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 314847 (5)

1. Corporation Name

M & S LIQUORS INC

Principal Place of Business

Mailing Address

229 E. ATLANTIC AVENUE
DELRAY BEACH FL 33444

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DELRAY BEACH FL 33444



2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Country
24	Country	29	Zip
25		30	

3. Date Incorporated or Qualified	3a. Date of Last Report
03/17/1967	04/04/1995
4. FEI Number	Applied For
59-1169766	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
☐ Yes ☐ No	

9. Name and Address of Current Registered Agent

POWERS, MAURICE F
229 E. ATLANTIC AVENUE
DELRAY BEACH FL 33444

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

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

Kathy Power

KATHY POWER

7/29/94

Signature of the person who is the registered agent and the filer (if the filer is not the registered agent)

(NOTE: Registered Agent's signature required when terminating)

Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	
NAME	POWER, MAURICE F	1.2 NAME	
STREET ADDRESS	501 NW 11TH ST	1.3 STREET ADDRESS	
CITY - ST - ZIP	DELRAY BCH FL	1.4 CITY - ST - ZIP	
TITLE	ST	2.1 TITLE	
NAME	POWER, ANNA F	2.2 NAME	
STREET ADDRESS	501 N W 11TH STREET	2.3 STREET ADDRESS	
CITY - ST - ZIP	DELRAY BCH FL	2.4 CITY - ST - ZIP	
TITLE	S	3.1 TITLE	
NAME	POWER, ANNA F.	3.2 NAME	
STREET ADDRESS	501 N W 11TH STREET	3.3 STREET ADDRESS	
CITY - ST - ZIP	DELRAY BCH FL	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Kathy Power Kathy Power

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

407-278-4130

Date

File No. Power #

CR2E034 (3/96)