

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

FILED

May 07 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **314847** (5)
1. Corporation Name
M & S LIQUORS INC

Principal Place of Business 229 E. ATLANTIC AVENUE DELRAY BEACH FL 33444	Mailing Address 229 E. ATLANTIC AVENUE DELRAY BEACH FL 33444-3726
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 03/17/1967	3a. Date of Last Report 08/05/1996
4. FEI Number 59-1169766		5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		8.75 Additional Fee Required \$5.00 May Be Added to Fees	

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 POWER, ANNA F. 82 Street Address (P.O. Box Number is Not Acceptable) 501 N.W. 11TH STREET 83 DELRAY BEACH, FLORIDA 33444 84 City FL 85 Zip Code			
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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 *Anna F. Power* **ANNA F. POWER, PRESIDENT** *4/29/97*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	<input checked="" type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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	<input type="checkbox"/> DELETE		2.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	POWER, ANNA F			2.2 NAME	POWER, ANNA F		
STREET ADDRESS	501 N W 11TH STREET			2.3 STREET ADDRESS	501 N W 11TH STREET		
CITY-ST-ZIP	DELRAY BCH FL			2.4 CITY-ST-ZIP	DELRAY BEACH, FL		
TITLE	S	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	V/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	POWER, ANNA F.			3.2 NAME	POWER, KATHY		
STREET ADDRESS	501 N W 11TH STREET			3.3 STREET ADDRESS	2525 S.W. 22ND AVE		
CITY-ST-ZIP	DELRAY BCH FL			3.4 CITY-ST-ZIP	DELRAY BEACH, FL 33445		
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		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		<input type="checkbox"/> DELETE		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 do 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, or on an attachment with an address.

SIGNATURE: *Anna F. Power* **ANNA F. POWER** *4/29/97* *278-4130*
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/96)