


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

FILED

May 12 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 444492 (3)					
1. Corporation Name WHISKEY GRAM, INC.					
Principal Place of Business 2345 14TH AVE. VERO BEACH FL 32960			Mailing Address P O BOX 340 VERO BEACH FL 32961-0340 US		
2. Principal Place of Business 21 8075 20TH STREET		2a. Mailing Address 26		3. Date Incorporated or Qualified 01/21/1974	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		3a. Date of Last Report 01/22/1996	
22 City & State 23 VERO BEACH, FL		27 City & State 28		4. FEI Number 59-1512374	
Zip Country 24 32966 25 USA		Zip Country 29 30		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees					
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No					
9. Name and Address of Current Registered Agent WEST, JAMES H 8075 20TH ST. VERO BEACH FL 32966			10. Name and Address of New Registered Agent		
			81 Name		
			82 Street Address (P.O. Box Number is Not Acceptable)		
			83		
			84 City FL 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	D <input checked="" type="checkbox"/> DELETE				
NAME	MASSEY, GLENN R				
STREET ADDRESS	11917 QUEENSBURY ST.				
CITY- ST- ZIP	HOUSTON TX				
TITLE	PD <input type="checkbox"/> DELETE				
NAME	WEST, JAMES H				
STREET ADDRESS	1705 SAND DOLLAR WAY				
CITY- ST- ZIP	VERO BEACH FL				
TITLE	D <input type="checkbox"/> DELETE				
NAME	MERCER, WILLIAM E.				
STREET ADDRESS	2121 SAGE RD, STE 150				
CITY- ST- ZIP	HOUSTON, TX 77058				
TITLE	D <input type="checkbox"/> DELETE				
NAME	SOLOMON ODEN HOWELL, JR.				
STREET ADDRESS	2603 GRASSLAND DRIVE				
CITY- ST- ZIP	LOUISVILLE FL				
TITLE	D <input type="checkbox"/> DELETE				
NAME	BENSON, CRAIG T.				
STREET ADDRESS	1929 ALLEN PARKWAY				
CITY- ST- ZIP	HOUSTON TX				
TITLE	DC <input type="checkbox"/> DELETE				
NAME	WILLIAMS, ANDREW				
STREET ADDRESS	178 OCEAN WAY				
CITY- ST- ZIP	VERO BEACH FL 32967				
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
1.2 NAME	KENNETH G. PUTTICK				
1.3 STREET ADDRESS	1401 U.S. HWY 1				
1.4 CITY- ST- ZIP	VERO BEACH FL 32960				
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
2.2 NAME	VERO BEACH FL 32963				
2.3 STREET ADDRESS					
2.4 CITY- ST- ZIP					
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY- ST- ZIP					
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
4.2 NAME					
4.3 STREET ADDRESS	LOUISVILLE KY 40299				
4.4 CITY- ST- ZIP					
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
5.2 NAME					
5.3 STREET ADDRESS	HOUSTON TX 77219				
5.4 CITY- ST- ZIP					
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
6.2 NAME					
6.3 STREET ADDRESS	VERO BEACH FL 32963				
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 of an amendment with an address.					
SIGNATURE: _____ JAMES H. WEST 4/25/97 (561)563-0263					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

CR2E034 (9/96)