

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

FILED

Feb 25 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 # 476895 (8)

1. Corporation Name
BARTEE'S SUPER LIQUORS, INC.

Principal Place of Business
EMBASSY PLACE/EMBASSY LAKES
2739 RIO DE JANEIRO AVE.
COOPER CITY FL 33026

Mailing Address
EMBASSY PLACE/EMBASSY LAKES
2739 RIO DE JANEIRO AVE.
COOPER CITY FL 33026-4543



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	05/28/1975	04/24/1996
22 City & State	27 City & State	4. FEI Number	Applied For
23 Zip	28 Zip	59-1625051	Not Applicable
24 Country	29 Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
	30	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	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

COLE, DAVID
12713 NW 19TH MANOR
CORAL SPRINGS FL 33071

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
12701 S.W. 13th Street
83 Century Village, Cambridge F #308
84 City
Pembroke Pines FL 85 Zip Code
33027

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's signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLE, DAVID	1.2 NAME	
STREET ADDRESS	12713 NW 19TH MANOR	1.3 STREET ADDRESS	12701 SW 13th Street #308
CITY-ST-ZIP	CORAL SPRINGS FL	1.4 CITY-ST-ZIP	Pembroke Pines Florida 33027
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KORUS, MELVIN	2.2 NAME	
STREET ADDRESS	2739 RIO DE JANEIRO AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	COOPER CITY FL	2.4 CITY-ST-ZIP	
TITLE	T	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLE, DAVID	3.2 NAME	
STREET ADDRESS	12713 NW 19TH MANOR	3.3 STREET ADDRESS	12701 SW 13th Street #308
CITY-ST-ZIP	CORAL SPRINGS FL	3.4 CITY-ST-ZIP	Pembroke Pines Florida 33027
TITLE	S	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KORUS, MELVIN	4.2 NAME	
STREET ADDRESS	2739 RIO E JANEIRO AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	COOPER CITY FO	4.4 CITY-ST-ZIP	
TITLE		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		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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FEB-20-1997 (954)433-1442

CR2E034 (9/96)