PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 556958 1. Corporation Name

C B S DISCOUNT LIQUORS, INC.

Principal Place of Business	Mailing Address	, , , , , , , , , , , , , , , , , , ,
C/O HAPPY DAYS	C/O HAPPY DAYS	

FILED Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90135 010 ***150.00



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Principal Place		Mailing Address				
C/O HAPPY DAYS 1602 EAST BRANDON BLVD 1602 EAST BRANDON BLVD						
BRANDON FL 3			DO NOT WRITE IN THIS SPACE			
US	901. 909T	U\$		3. Date incorporated or Qualifed		
				01/01/1978		
2 Principal Pl	ace of Business	2a, Mailing Address /	7 7	4. FEI Number	A	oplied For
21 4-7	DESPRIE HAVE	26 4504 DEER H	PARK PLACE	59-1789800	N	ot Applicable
Suite, Apt. :	# etc	Suite, Apt. #, etc.			\$8.75	Additional
22	,, 5.5.	27		5. Certifcate of Status Desired	Fee R	equired
City & State	e	Gity & State		6. Election Campaign Financing	\$5.00	May Be
23 DRAN		28 BRANDON A	L L	Trust Fund Contribution		to Fees
Zip	Country	Zip C	Country	8. This corporation owes the current year Int	angible	
Zip 24 ろろ5	71 25 USA	29 33511 30	US A	Personal Property Tax.	Yes	- □ 11 0
	9. Name and Address of Current			10. Name and Address of New Registered	Agent	
			81 Name			
SCHULTE, DOUGLAS S		00 0: 11:	O Day Number is Not Assentable			
4504	DEER PARK PL		82 Street Addr	ress (P.O. Box Number is Not Acceptable)		J.
ŧ			83			
BRAI	NDON FL 33511					
			84 City	FL	85 Zip	Code
	4 4 607 0503	and 607 1509 Florida Statutes th	no above named com	poration submits this statement for the purpose of	changing its	s registered
office or re	egistered agent, or both, in the State o	of Florida. Such change was authori	ized by the corporation	on's board of directors. I hereby accept the appoi	ntment as re	∍gistered
agent. I a	m familiar with, and accept the obligati	ons of, Section 607.0505, Florida S	Statutes.			
SIGNATURE		ANOTE DIVI	to de la constitución de mujero	ad when reinstating) DATE		
	Signature, typed or printed name of registered agent OFFICERS ANS		tered Agent signature require	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTO	ORS IN 12
12.	P OFFICERS AINE		I TITLE	ADDITIONO/CIANOLO TO CITTOLICO III	Change	Addition
TITLE	SCHULTE, DOUGLAS S		.2 NAME			
NAME						ļ
STREET ADDRESS	4504 DEER PARK PL		.3 STREET ADDRESS			1
CITY-ST-ZIP						
	BRANDON FL	. 1.	.4 CiTY-ST-ZIP	118	☐ Change	☐ Addition
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	VTS KOESTER, SUSAN R	DELETE 2			☐ Change	Addition
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CITY-ST-ZIP 14. I 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 attach here with an address, with all other like empowered.