

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 628917 (7)

1. Corporation Name
BEACHCOMBER LIQUORS, INC.



Principal Place of Business: **8475 MANASOTA KEY RD. ENGLEWOOD FL 34223**
Mailing Address: **8475 MANASOTA KEY RD. ENGLEWOOD FL 34223**

2. Principal Place of Business
21 []
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3. Date of Incorporation (Or M.A.) **07/09/1979**
3a. Date of Last Report **01/26/1995**
4. FEIN Number **59-1928988**
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 a liability for intangible tax (sections 190.012, Florida Statutes) Yes [] No
10. Name and Address of New Registered Agent

g. Name and Address of Current Registered Agent
**UNGER, FRANK I
8475 MANASOTA KEY RD.
ENGLEWOOD FL 34223**

81 Name
82 Street Address (If O.D. Box Number, Not Applicable)
83
84 City
85 Zip Code **FL**

11. Pursuant to the provisions of Sections 607.02(2)(b) and 607.03, Florida Statutes, the undersigned, the agent or name of a registered agent or registered agent, or both in the State of Florida, for the corporation, hereby certifies that the corporation has filed this report as required by law, and that the undersigned, the agent or name of a registered agent, or both in the State of Florida, for the corporation, hereby accept the obligations of Sections 607.02(2)(b) and 607.03, Florida Statutes.

SIGNATURE _____ OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '97

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '97
TITLE: SD [] OFFICER	1. TITLE: [] Change [] Addition
NAME: UNGER, JUNE M	2. NAME: [] Change [] Addition
STREET ADDRESS: 8475 MANASOTA KEY RD	3. STREET ADDRESS: [] Change [] Addition
CITY-STATE-ZIP: ENGLEWOOD, FL 00000	4. CITY-STATE-ZIP: [] Change [] Addition
TITLE: PO [] OFFICER	5. TITLE: [] Change [] Addition
NAME: UNGER, FRANK I	6. NAME: [] Change [] Addition
STREET ADDRESS: 8475 MANASOTA KEY RD	7. STREET ADDRESS: [] Change [] Addition
CITY-STATE-ZIP: ENGLEWOOD, FL 00000	8. CITY-STATE-ZIP: [] Change [] Addition
TITLE: [] OFFICER	9. TITLE: [] Change [] Addition
NAME: []	10. NAME: [] Change [] Addition
STREET ADDRESS: []	11. STREET ADDRESS: [] Change [] Addition
CITY-STATE-ZIP: []	12. CITY-STATE-ZIP: [] Change [] Addition
TITLE: [] OFFICER	13. TITLE: [] Change [] Addition
NAME: []	14. NAME: [] Change [] Addition
STREET ADDRESS: []	15. STREET ADDRESS: [] Change [] Addition
CITY-STATE-ZIP: []	16. CITY-STATE-ZIP: [] Change [] Addition
TITLE: [] OFFICER	17. TITLE: [] Change [] Addition
NAME: []	18. NAME: [] Change [] Addition
STREET ADDRESS: []	19. STREET ADDRESS: [] Change [] Addition
CITY-STATE-ZIP: []	20. CITY-STATE-ZIP: [] Change [] Addition

14. I do hereby certify that the information appearing in this report is true and correct, and is not a duplicate of the information appearing in Section 119.07(4)(c), Florida Statutes. I further certify that the information indicated on this report is a report or supplement of annual report or other report 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 registered agent or trustee or corporate fiduciary of the corporation as reported, except as provided in Section 607.02(2)(b) and 607.03, Florida Statutes, and that my name appears in Block 12 or Block 13 if changes or corrections are made to the information.

SIGNATURE: *Frank I. Unger* **FRANK I. UNGER** **4-8-96** **(941) 474-0247**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)