

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 642731 (4)

1. Corporation Name
GENARO'S LIQUORS, INC.



Principal Place of Business: **6852 GULF OF MEXICO DRIVE LONGBOAT KEY FL 34228**
Mailing Address: **6852 GULF OF MEXICO DRIVE LONGBOAT KEY FL 34228**

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country
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3. Date Incorporated or Qualified: **10/23/1979**
3a. Date of Last Report: **02/06/1995**
4. FEI Number: **59-1949651**
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 liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**LAFHAMME, RAYMOND
3580 BAYOU CIRCLE
LONGBOAT KEY FL 34228**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code: **FL**

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: *R.L. Laflamme* **R.L. LAFHAMME** **4/28/96**
NOTE: Registered Agent signature required when registrable. DATE

12. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> DELETE
NAME	LAFHAMME, RAYMOND	
STREET ADDRESS	3580 BAYOU CIRCLE	
CITY-ST-ZIP	LONGBOAT KEY FL	
TITLE	CSD	<input type="checkbox"/> DELETE
NAME	LAFHAMME, JOAN A.	
STREET ADDRESS	3580 BAYOU CIRCLE	
CITY-ST-ZIP	LONGBOAT KEY FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	LAFHAMME, LORI A.	
STREET ADDRESS	680 LINLEY STREET	
CITY-ST-ZIP	LONGBOAT KEY FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	LAFHAMME, GARY R.	
STREET ADDRESS	3580 BAYOU CIRCLE	
CITY-ST-ZIP	LONGBOAT KEY FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	651 JUNGLE QUEEN WAY
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	6128 NICOLE DR
4.4 CITY-ST-ZIP	SARASOTA, FL 34243
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 elected, or on an attachment with an address.

SIGNATURE: *R.L. Laflamme* **R.L. LAFHAMME** **PRESIDENT** **4/28/96** **941-383-4888**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAY/MONTH/YEAR

CR2E034 (12/95)