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Jan 23 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 # 824574 (8)

1. Corporation Name
TODHUNTER INTERNATIONAL, INC.



Principal Place of Business

222 LAKEVIEW AVE. SUITE 1500
P O BOX 4057
W PALM BCH FL 33402
US

Mailing Address

222 LAKEVIEW AVE. SUITE 1500
P O BOX 4057
W PALM BCH FL 33402-4057
US

3. Date Incorporated or Qualified
05/21/1970

3a. Date of Last Report
02/02/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

4. FEI Number

59-1284057

Applied For

Not Applicable

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

PINCOURT, A KENNETH
222 LAKEVIEW AVE STE 1500
WEST PALM BEACH FL 33401

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE V
NAME VAHLE, KURT A
STREET ADDRESS 530 DAKOTA ST
CITY-ST-ZIP LAKE ALFRED, FL 00000

DELETE

TITLE CCEO
NAME PINCOURT, A KENNETH
STREET ADDRESS 222 LAKEVIEW AVE
CITY-ST-ZIP W PALM BCH., FL 00000

DELETE

TITLE VD
NAME BEINSTEIN, ARNOLD
STREET ADDRESS 222 LAKEVIEW AVE
CITY-ST-ZIP W PALM BCH., FL 00000

DELETE

TITLE TCFO
NAME EDWARDS, TROY
STREET ADDRESS 222 LAKEVIEW AVE, STE 1500
CITY-ST-ZIP W PALM BCH., FL 00000

DELETE

TITLE S
NAME LOVELAND, JOSEPH A
STREET ADDRESS 222 LAKEVIEW AVE
CITY-ST-ZIP WEST PALM BCH FL

DELETE

TITLE P
NAME MALTBY, JAY S
STREET ADDRESS 222 LAKEVIEW AVE
CITY-ST-ZIP WEST PALM BEACH FL

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE V/D
1.2 NAME DENNIS C. MITCHELL
1.3 STREET ADDRESS 222 LAKEVIEW AVENUE
1.4 CITY-ST-ZIP WEST PALM BEACH, FL. 33401

Change Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

Change Addition

3.1 TITLE V/D
3.2 NAME THOMAS A. VALDES
3.3 STREET ADDRESS 222 LAKEVIEW AVENUE
3.4 CITY-ST-ZIP WEST PALM BEACH, FL. 33401

Change Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

Change Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

Change Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change Addition

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

TROY EDWARDS

1-7-97

561-655-8977

Date

Daytime Phone #

CR2E034 (9/96)