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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **824574**

1. Corporation Name
TODHUNTER INTERNATIONAL, INC.



DO NOT WRITE IN THIS SPACE

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
 US

3. Date Incorporated or Qualified
05/21/1970

4. FEI Number
59-1284057

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 owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business
 21 Suite, Apt. #, etc.
 22 City & State
 23 Zip Country
 24 25

2a. Mailing Address
 26 Suite, Apt. #, etc.
 27 City & State
 28 Zip Country
 29 30

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> DELETE
NAME	MITCHELL, DENNIS C	
STREET ADDRESS	222 LAKEVIEW AVE, STE 1500	
CITY-ST-ZIP	W PALM BEACH FL 33401	
TITLE	CCEO	<input type="checkbox"/> DELETE
NAME	PINCOURT, A KENNETH	
STREET ADDRESS	222 LAKEVIEW AVE, STE 1500	
CITY-ST-ZIP	W PALM BCH., FL 00000 33401	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	VALDES, THOMAS A	
STREET ADDRESS	222 LAKEVIEW AVE, STE 1500	
CITY-ST-ZIP	W PALM BEACH FL 33401	
TITLE	TSCF	<input type="checkbox"/> DELETE
NAME	EDWARDS, TROY	
STREET ADDRESS	222 LAKEVIEW AVE, STE 1500	
CITY-ST-ZIP	W PALM BCH., FL 00000 33401	
TITLE	V	<input type="checkbox"/> DELETE
NAME	YU, OUSIK	
STREET ADDRESS	222 LAKEVIEW AVE STE 1500	
CITY-ST-ZIP	WEST PALM BCH FL 33401	
TITLE	P	<input type="checkbox"/> DELETE
NAME	MALTBY, JAY S	
STREET ADDRESS	222 LAKEVIEW AVE STE 1500	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	MCDONNELL, EDWARD F.	
1.3 STREET ADDRESS	10 OFFICE PARK ROAD, SAPELO BUILD, STE. 212	
1.4 CITY-ST-ZIP	HILTON HEAD ISLAND, SOUTH CAROLINA 29928	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	ROBERTSON, W. GREGORY	
2.3 STREET ADDRESS	ONE BATTERY PARK PLAZA	
2.4 CITY-ST-ZIP	NEW YORK, NY 10004	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	ROGERS, LEONARD G.	
3.3 STREET ADDRESS	575 ISLAND DRIVE	
3.4 CITY-ST-ZIP	PALM BEACH, FL 33480	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
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	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	MALTBY, JAY S.	
6.3 STREET ADDRESS	222 LAKEVIEW AVE., STE 1500	
6.4 CITY-ST-ZIP	WEST PALM BEACH, FL 33401	

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 attachment with an address with all other like empowered.

SIGNATURE: _____ DATE: **3-2-99** (561)655-8977
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (1/98)