

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Mar 27 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # F19301 (3)
1. Corporation Name
WHISKEY CORNERS, INC.

Principal Place of Business Mailing Address
10809 U.S. HWY 92 E. 10809 U.S. HWY 92 E.
TAMPA FL 33610-5976 TAMPA FL 33610-5976

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		02/12/1981	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-2074161	
24 Country		30 Country		5. Certificate of Status Desired	
				Applied For	
				Not Applicable	
				8.75 Additional Fee Required	
				5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.	
				Yes No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

EDWARDS, JAMES L.
10809 US HWY 92 EAST
TAMPA FL 33610

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PST	1.1 TITLE	P/D
NAME	EDWARDS, JAMES L.	1.2 NAME	EDWARDS, JAMES L.
STREET ADDRESS	10809 US HWY. 92, E.	1.3 STREET ADDRESS	10809 US HWY 92 E
CITY-ST-ZIP	TAMPA, FL 00000	1.4 CITY-ST-ZIP	TAMPA, FL 33610
TITLE	D	2.1 TITLE	V/D
NAME	EDWARDS, JAMES, L	2.2 NAME	EDWARDS, JAMES L. EDWARDS, ANNETTE J.
STREET ADDRESS	10809 US HWY 92 E	2.3 STREET ADDRESS	10809 US HWY 92 E
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	TAMPA, FL 33610
TITLE		3.1 TITLE	SIT
NAME		3.2 NAME	EDWARDS, SEAN L.
STREET ADDRESS		3.3 STREET ADDRESS	17495 GOLF BLVD.
CITY-ST-ZIP		3.4 CITY-ST-ZIP	REDINGTON SHORES, FL 33708
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 attachment with an address.

SIGNATURE: [Signature] 12-2-98 8/12/98-202

CP2E034 (10/97)