

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

MAY -1 PM 1:11

DOCUMENT # **H04537** (7)

1. Corporation Name  
**LIQUOR DEPOT, INC.**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2. Principal Place of Business: **2156 AMERICANA BLVD #100 ORLANDO FL 32809**  
Mailing Address: **2156 AMERICANA BLVD #100 ORLANDO FL 32809**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Organized: **05/22/1984** 3a. Date of Last Report: **05/01/1994**

21. Principal Place of Business: **21** 2a. Mailing Address: **26** 4. FEI Number: **59-2422804** Applied For:  Not Applicable:

22. State Apt. #, etc.: **22** State Apt. #, etc.: **27** 5. Certificate of Status (Direct):  **\$8.75 Additional Fee Required**

23. City & State: **23** City & State: **28** 6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**

24. Country: **24** Country: **25** ZIP: **29** Country: **30** Country: **30** 8. This corporation has liability for intangible tax under a 1984 U.S. Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent

**LACROSSE, DOUGLAS  
4517 GUNN HIGHWAY  
TAMPA FL 33624**

10. Name and Address of New Registered Agent

81. Name: **Douglas LACROSSE**  
82. Street Address (P.O. Box Number is Not Acceptable): **1715 50<sup>th</sup> St.**  
83. City: **TAMPA** FL 85. Zip Code: **33619**

11. Pursuant to the provisions of Sections 607.0507 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. Thereby, accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0508, Florida Statutes.

SIGNATURE: *[Signature]*

Signature of Registered Agent

Signature of Registered Agent or Registered Agent

4.2995

12. OFFICERS AND DIRECTORS

1. TITLE	<b>PST</b>
2. NAME	<b>LACROSSE, DOUGLAS</b>
3. STREET ADDRESS	<b>4517 GUNN HIGHWAY</b>
4. CITY & STATE	<b>TAMPA FL</b>
5. TITLE	<b>D</b>
6. NAME	<b>LACROSSE, DOUGLAS</b>
7. STREET ADDRESS	<b>4517 GUNN HIGHWAY</b>
8. CITY & STATE	<b>TAMPA FL</b>
9. TITLE	
10. NAME	
11. STREET ADDRESS	
12. CITY & STATE	
13. TITLE	
14. NAME	
15. STREET ADDRESS	
16. CITY & STATE	
17. TITLE	
18. NAME	
19. STREET ADDRESS	
20. CITY & STATE	

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. TITLE	
6. NAME	
7. STREET ADDRESS	
8. CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
9. TITLE	
10. NAME	
11. STREET ADDRESS	
12. CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13. TITLE	
14. NAME	
15. STREET ADDRESS	
16. CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I declare under penalty that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Tax Code 119.02(6)(b), Florida Statutes. I further certify that the information included on this annual report was prepared and reported to me and is correct 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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this document as an officer or director.

SIGNATURE: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.2995 247.7636  
Fee: **4.2995** Filing Fee: **247.7636**