

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **H04537 (7)**

1. Corporation Name
LIQUOR DEPOT, INC.



Principal Place of Business
**2156 AMERICANA BLVD #103
ORLANDO FL 32809**

Mailing Address
**2156 AMERICANA BLVD #103
ORLANDO FL 32809**

2. Principal Place of Business
21 **1715 N. 50th Street**
Sub. Apt. #, etc.
22
City & State
23 **Tampa Fl.**
Zip Country
24 **33619 Hills.**

2a. Mailing Address
26 **1715 N. 50th Street**
Sub. Apt. #, etc.
27
City & State
28 **Tampa Fl**
Zip Country
29 **33619 Hills.**

3. Date Incorporated or Qualified **05/22/1984** 3a. Date of Last Report **05/01/1995**

4. FEI Number **59-2422804** 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. 193.032, Florida Statutes Yes No

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

**LACROSSE, DOUG
1715 50TH ST.
TAMPA FL 33619**

11. Pursuant to the provisions of Sections 607.0607 and 607.1504, Florida Statutes, I, the undersigned, who is a duly authorized officer or director of the corporation, hereby accept the appointment as registered agent. I am familiar with and accept the provisions of Section 607.0609, Florida Statutes.

SIGNATURE *[Signature]* **3-22-96**

12. OFFICERS AND DIRECTORS

TITLE	PST	<input type="checkbox"/> DELETE
NAME	LACROSSE, DOUGLAS	
STREET ADDRESS	4517 GUNN HIGHWAY	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LACROSSE, DOUGLAS	
STREET ADDRESS	4517 GUNN HIGHWAY	
CITY-ST-ZIP	TAMPA 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

11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	1715 N. 50th Street
14 CITY-ST-ZIP	Tampa Fl. 33619
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	1715 N. 50th Street
24 CITY-ST-ZIP	Tampa Fl. 33619
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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 established 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 trustee 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 in my statement with an address.

SIGNATURE: *[Signature]* **3-22-96**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)