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PROFIT
CORPORATION
ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

**FILED** 

May 28 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H27349

(0)

CALAHAN'S LIQUORS, INC.

SIGNATURE:

| Principal Place of Business Mailing Address |   |                       |                             |  |                          |               |  | . implites mit tibit fande bert bind bitte finte nebet geter geter mittet dent dent andt inde           |  |                                    |                         |   |
|---|---|-----------------------|-----------------------------|--|--------------------------|---------------|--|---|--|------------------------------------|-------------------------|---|
|   |   |                       |                             | 2655 EAST BAY DRIVE<br>LARGO FL 33771-2418 |                          |               |  |   |  |                                    |                         |   |
|   |   |                       |                             |  |                          |               |  | 3. Date incorporated or Qualifier 10/26/1984  |  | 3a. Date of Last Report 07/05/1996 |                         |   |
| 2. Principal P                              | lace of Business                              | 2a. Mailing Address   |                             |  |                          |               | =6.654.465   |   |  | olied For<br>Applicable            |                         |   |
| Suite, Apt.                                 | #, etc.                                       | Suite, Apt. #, etc.   |                             |  |                          | <del></del> + | 5 Certificate of Status Desired Status Resired Status Desired Stat |   |  |                                    | dditional               |   |
| 22  |   |                       | 27                          | & State                                    |                          |               |  |   |  |                                    | e Req                   | ·                                       |
| City & Stat                                 | (6  |                       | 28                          | y & State                                  |                          |               |  | Election Campaign Financing     Trust Fund Contribution   |  |                                    | . <b>00</b> N<br>ded to | May Be                                  |
| 2 <b>3</b> [<br>Zip                         | Co  | untry                 | Zip                         |  | Cou                      | ntrv          |  | B. This corporation has liability for   |  |                                    |                         |   |
| 24  | 25  | .s y                  | 29                          |  | 30                       |               |  | Florida Statutes  | Jr⊪nangab<br>∐Yes                      | -                                  | Jeis.                   | 199.032,                                |
| =======================================     |   | ddress of Current     | _1 1                        | d Agent                                    | .1501                    |               |  | 10. Name and Address of New   |  |                                    |                         |   |
| ROS   | SELAND, AKSEL                                 | 0.                    |                             |  |                          | 81            | Name   |   |  |                                    | -                       |   |
| 2600 EAST BAY DRIVE                         |   |                       |                             |  |                          | 82            | Street Add   | Address (P.O. Box Number is Not Acceptable)   |  |                                    |                         |   |
|   | 200 COUNTRY C<br>GO FL 34641                  |                       |                             |  | 83                       |               |  |   |  |                                    |                         |   |
| LOWIN                                       | 00 12 01011                                   |                       |                             |  |                          |               |  |   | ······································ |                                    |                         | <del></del>                             |
|   |   |                       |                             |  |                          | 84            | City   |   | F                                      | L <sup> 85</sup>                   | Zip C                   | ode .                                   |
| office or r                                 | registered agent, or<br>am familiar with, and | both, in the State of | I Florida. S<br>ions of, Se | Such change was<br>ction 607.0505, Fi      | authorize<br>Jorida Stat | d by<br>utes  | the corpora  | rporation submits this statement for thation's board of directors. I hereby accurate when reinstalling) | DATE                                   | pointmer                           | it as re                | egistered                               |
| 12.   |   | OFFICERS AND          | DIRECTO                     |  | 13.                      |               |  | ADDITIONS/CHANGES TO OF   | FICERS A                               | ND DIREC                           | TORS                    | IN 12                                   |
| TITEF                                       | PO  |                       |                             | DELETE                                     | 1.1 TI                   | TLE           |  | navagen   |  | Cha                                | nge                     | Addition                                |
| NAME  | ROSSELAND, A                                  |                       |                             |  | 1.2 N                    | AME           |  | Inequelyn Cassi<br>519 Florida aug  | dy -                                   |                                    |                         |   |
| STREET ADDRESS                              | 908-200 COUNT                                 |                       |                             |  | 1.3 \$                   | TREET         | ADDRESS  | 519 FLORISA QUI   | 2                                      | _                                  |                         |   |
| CITY-ST-7/P                                 | LARGO, FL 348                                 | 41                    |                             |  | 1.4 0                    | TY-S          | T-ZIP (  | Clearwater FL   | <u> </u>                               | 4611                               | e_                      | · • • • • • • • • • • • • • • • • • • • |
| TITLE                                       | ST  |                       |                             | L_] DELETE                                 | 2.1 TI                   | TLE           | İ  |   |  | L Cha                              | nge                     | Addition                                |
| NAME  | ROSSELAND, A                                  |                       |                             |  | 22 N                     |               |  |   |  |                                    |                         |   |
| STREET ADDRESS                              | 908-200 COUNT                                 |                       |                             |  |                          |               | ADDRESS  |   |  |                                    |                         |   |
| CHY-SI-ZIP                                  | LARGO, FL 346                                 | 71                    |                             | DELETE                                     |                          |               | ST-ZIP   |   |  | III chi                            |                         | Addition                                |
| TIFE  | J   |                       |                             | L'1 ACTERE                                 | 31 Tu<br>3.2 N           |               |  |   |  | L Cha                              | пЙс                     |   |
| NAME<br>enoted anymotics                    |   |                       |                             |  |                          |               | ADDRESS  |   |  |                                    |                         |   |
| STREET ADDRESS<br>CITY+ST+ZIP               |   |                       |                             |  |                          |               | ST-ZIP   |   |  |                                    |                         |   |
| TITLE                                       |   |                       | ·····                       | DELETE                                     | 4.1 T)                   |               | 51.4Ti   |   |  | Cha                                | nge                     | Addition                                |
| NAME  |   |                       |                             |  | 4. 2 N                   |               |  |   |  |                                    | -                       |   |
| STREET ADDRESS                              |   |                       |                             |  |                          |               | ADDRESS  |   |  |                                    |                         |   |
| CrTY - ST - ZiP                             |   |                       |                             |  |                          |               | T-ZIP  |   |  |                                    |                         |   |
| TITLE                                       |   |                       |                             | DELETE                                     | 5.1 Ti                   |               |  |   | <del></del>                            | Cha                                | inge                    | Addition                                |
| NAME  |   |                       |                             |  | 5.2 N                    | AME           |  |   |  |                                    |                         |   |
| STREET ADDRESS                              |   |                       |                             |  | 5.3 \$                   | TREET         | ADDRESS  |   |  |                                    |                         |   |
| CITY - S1 - ZIP                             |   |                       |                             |  |                          |               | T-ZIP  |   |  |                                    |                         |   |
| TOLE  |   |                       |                             | DELETE                                     | 6.1 TI                   |               |  |   | ·······                                | Cha                                | inge                    | Addition                                |
| NAME  |   |                       |                             |  | 6.2 N                    | AME           | 1  |   |  |                                    |                         |   |
| STREET ADDRESS                              |   |                       |                             |  | 6.3 S                    | TAEET         | ADDRESS  |   |  |                                    |                         |   |
| CITY C1 700                                 | ]   |                       |                             |  |                          | TV 6          |  |   |  |                                    |                         |   |

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.