FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

APPROVED
APPROVED
ADDED
FILED
95 APR -1 AM 9:57
95 APR -1 AM 9:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H30717** **(3)**

1. Corporate Name
LAKEWORTH LOUNGE & LIQUOR STORE, INC.

Principal Place of Business
129 N FEDERAL HWY
LAKEWORTH FL 33460

Mailing Address
129 N FEDERAL HWY
LAKEWORTH FL 33460

DO NOT WRITE IN THIS SPACE

3. Date Incorporated / Qualified: **11/20/1984**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29 Country — 25 / 30

4. FEI Number: **59-2466439** — 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. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
SHEFFLER, BEN J
129 N FEDERAL HWY
LAKE WORTH FL 33460

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City — **FL** — B5 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits the 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

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	SHEFFLER, BEN J.
STREET ADDRESS	129 N. FEDERAL HWY.
CITY, ST, ZIP	LAKE WORTH FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	☐ Change ☐ Addition
1. NAME	
1. STREET ADDRESS	
1. CITY, ST, ZIP	
2. TITLE	☐ Change ☐ Addition
2. NAME	
2. STREET ADDRESS	
2. CITY, ST, ZIP	
3. TITLE	☐ Change ☐ Addition
3. NAME	
3. STREET ADDRESS	
3. CITY, ST, ZIP	
4. TITLE	☐ Change ☐ Addition
4. NAME	
4. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	☐ Change ☐ Addition
5. NAME	
5. STREET ADDRESS	
5. CITY, ST, ZIP	
6. TITLE	☐ Change ☐ Addition
6. NAME	
6. STREET ADDRESS	
6. CITY, ST, ZIP	

14. I (We) hereby certify that the information supplied with this report is voluntarily furnished and does not qualify for the exemptions stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on the 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 that we are or another employee authorized to execute the 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: Benj Sheffler BEN J. SHEFFLER 4/29/95 407-582-3232
SIGNATURE AND TYPED OR PRINTED NAME OF BUSINESS OFFICER OR DIRECTOR — Date — Daytime Phone #

0270084 CP