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 AND FILED

95 MAY -1 PM 11:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # J67289 (5)

1. Corporation Name

HEART'S LIQUORS OF ORANGE COUNTY, INC.

Principal Place of Business
C/O WALTER T. SCOTT, JR.
5824 NORTH ORANGE BLOSSOM TRAIL
ORLANDO FL 32810

Mailing Address
C/O WALTER T. SCOTT, JR.
5824 NORTH ORANGE BLOSSOM TRAIL
ORLANDO FL 32810

3. Date Incorporated or Qualified: 04/06/1987
3a. Date of Last Report: 05/01/1994

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

4. FEI Number: 59-2794697 — 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

STONE, STEPHEN M.
725 N. MAGNOLIA AVE.
ORLANDO FL 32803

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City — FL — 05 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] — 4-21-95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE		☐ Change ☐ Addition
NAME	SCOTT, WALTER T.	1.2 NAME		
STREET ADDRESS	5824 N ORANGE BLOSSOM TR	1.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP		
TITLE	PTS	2.1 TITLE	Secretary	☒ Change ☐ Addition
NAME	SCOTT, WALTER T.	2.2 NAME	STEVE VALLENCOURT	
STREET ADDRESS	5824 N ORANGE BLOSSOM TR	2.3 STREET ADDRESS	5824 N. ORANGE BLOSSOM TR.	
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	ORLANDO FL.	
TITLE	V	3.1 TITLE		☐ Change ☐ Addition
NAME	SCOTT, WALTER T.	3.2 NAME		
STREET ADDRESS	5824 N ORANGE BLOSSOM TR	3.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE	Treasurer.	☒ Change ☐ Addition
NAME		4.2 NAME	DAVID PAPPAS	
STREET ADDRESS		4.3 STREET ADDRESS	5824 N. ORANGE BLOSSOM TR.	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	ORLANDO FL.	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 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 stated 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 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] — 4-21-95 — 407-298-4103
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

WALTER T SCOTT JR

0080370 CP