FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998
DOCUMENT #

J67289

(5)

HEART'S LIQUORS OF ORANGE COUNTY, INC.

FILED Apr 21 1998 8:00am Secretary of State

Principal Place of Business Mailing Address					I DIBEL DIBIH BIBEL BIBIL BABIH BIBIH IBBI	
C/O WALTER T. SCOTT. JR. 5824 NORTH ORANGE BLOSSOM TRAIL ORLANDO FL 32810		C/O WALTER T. SCOTT. JR. 5824 NORTH ORANGE BLOSSOM TRAIL ORLANDO FL 32810		DO NOT WRITE I	N THIS SPACE	
					3. Date Incorporated or Qualified	
9 Principal P	face of Business	2a. Mailing Address			04/06/1987 4. FEI Number	Applied For
21	med by tradinger	26			59-2794697	Not Applicable
Suite, Apt.	#, elc.	Suite, Apt #, etc.			1	CR 75 Additional
22		27			5. Certificate of Status Desired	Fee Required
City & Stat	e	City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	7 _(p)	Country		8. This corporation owes or has paid	the current year Intangible
24	25	[29]	0		Personal Property Tax due June 3	/
	9. Name and Address of Current				10. Name and Address of New Reg	istered Agent
STONE, STEPHEN M. B1				Name		
725 N. MAGNOLIA AVE.			82	Street Ad	Idress (P.O. Box Number is Not Acceptable	a)
ORLANDO FL 32803						
			83			
			84	City		85 Zip Code
44 5						FL " E E E E E E E E E
I office or r	to the provisions of Sections 607,0507 egistered agent, or both, in the State om m familiar with, and accept the obliga	if Horida, Such change was air	thorized by t	he corpo	orporation submits this statement for the puration's board of directors. I hereby accept	the appointment as registered
SIGNATURE						
<u> </u>	Signature, typed or printed name of regence Lagran			signature roo	ouired when reinstaling)	DATE
12.	OFFICERS AND	DILLEE	13.		ADDITIONS/CHANGES TO OFFICE	Change Addition
NAME	SCOTT, WALTER T.	ottile	1.2 NAME			El Change El Adoldon
STREET ADDRESS	5824 N ORANGE BLOSSOM	TD.	1.3 STREET AL	nnnree		
CITY-ST-ZIP	ORLANDO FL	111	1.4 CITY - ST -	i		
TITLE	8	DLLETE	2 1 7111.6	<u>"</u>		Change Addition
NAME	VALLENGOUNT; STEVE		2.2 NAME		ALLANCOURT, STEVE	_ • •
STREET ADDRESS	5821 N ORANGE BLOSSOM	rr .	23 STREET AU		, , , , , , , , , , , ,	
CITY-ST-ZIP	ORLANDO FL	•••	2.4 CHY-S1-	ZIP		
TITLE	P	DELETE	3.1 TITLE	 		☐ Change ☐ Addition
NAME	\$COTT, WALTER T		3.2 NAME			
STREET ADDRESS	5824 N ORANGE BLOSSOM	TR .	3.3 STREET AL	DDRESS		
CITY-S1-ZIP	ORLANDO FL	·	3.4. CITY - ST -	7IP	A	
TITLE	<u> </u>	☐ DELETE	4.1 TITLE			Change Addition
NAME	PAPPAS, DAVID		4.2 NAME			
STREET ADDRESS	5824 N. ORANGE BLOSSOM	TR.	4 3 STREET AF			
CITY-ST-ZIP	ORLANDO FL	Total Tit	4 4 CITY - ST -	ZIP		Change Addition
TITLE		□ DELETÉ	5 1 THEF			Change Addition
NAME CTREET ADDRESS			5.2 NAME	ADDITOC		
STREET ADDRESS			53 STREFT AL			
CITY-ST-ZIP TITLE		DELETE	5.4 C(TY-ST-	<u> </u>	-	☐ Change ☐ Addition
NAME		En precie	6.2 NAME			
STREET ADDRESS			6.3 STREET AT	ALIBE GG		
SILIECT WONDESS			U.S SIRCE I AL	ione 33		

14. Thereby certify that the information supplied with this fiting 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 logal 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.