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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K46845

Corporation Name GURIN DISCOUNT LIQUORS, INC.

Principal Place of Business FLITE-RITE INDUSTRIES NORTH POWERLINE ROAD FT. LAUD. FL 33309

Mailing Address FLITE-RITE INDUSTRIES 6245 NORTH POWERLINE ROAD FT LAUD. FL 33309 US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/22/1988
4. FEI Number 65-0157548
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 owes the current year Intangible Personal Property Tax Yes No

2a. Mailing Address
2b. Suite, Apt. #, etc.
2c. City & State
2d. Zip Country

9. Name and Address of Current Registered Agent
GURIN, IRA
2840 N.E. 25TH STREET
FT. LAUDERDALE FL

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

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Table with 2 main columns: OFFICERS AND DIRECTORS and ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Rows include titles, names, and addresses for PD GURIN, IRA and C ALLGOOD, HUGH G.

I 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, with all other like empowered.

SIGNATURE: Ira Gurin SIGNATURE DATE: 1/22/99 DAYTIME PHONE: 1-800-525-9581

CR2E034 (11/98)