SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE DN OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT 1997

ACM SPIRITS, INC.



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L40912

(2)

FILED Sep 17 1997 8:00am Secretary of State

						<u> </u>
Principal Place of Business Mailing Address					{	ALBI DAGAN BARAN BARAN DIDIA BARAN DIDIA HUBA
179 HAMPTON PLACE JUPITER FL 33458 179 HAMPTON PLACE JUPITER FL 33458						
						TE IN THIS SPACE
					3. Date Incorporated or Qualified	
2. Principal Pla	ace of Business	2a. Mailing Address			01/03/1990 4. FEI Number	05/01/1996 Applied For
21 26				59-2992390	Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.						60 7E
22 27				5. Certificate of Status Desired	Fee Required	
City & State City & State				6. Election Campaign Financing	\$5.00 May Ee	
23		28		<u>.</u>	Trust Fund Contribution	Added to Fees
^{Zip}	Country	Zip	Coun	try	8. This corporation owes or has p	
24	25		30		Personal Property Tax due Jun	
CIO	9. Name and Address of Curre	nt Hagisterad Agant		1 Name	10. Name and Address of New R	egistered Agent
	ORIA, ANTHONY HAMPTON PLACE		Ľ	(ACTIVE		
	TITER FL 33458		8	Street Add	ress (P.O. Box Number is Not Accepta	able)
UUr	116h 1 E 33430		E	3		
			6	4 City		FL 85 Zip Code
11. Pursuant to	o the provisions of Sections 607.050	02 and 607.1508, Florida Statute	s, the abo	ve-named cor	poration submits this statement for the	purpose of changing its registered
office or re	gi ste red agent, or both, in the State n fam iliar with, and accept the oblig	eof Florida. Such change was a	uthorized	by the comora	tion's board of directors. I hereby acce	ept the appointment as registered
SIGNATURE	Transaction, and decept the estig	01, 0001011 007.0000, 110	nda Olaio			•
SIGNATURE	Signature, typed or printed name of registered ag-	ent and title if applicable (NOTE	Registered /	gent signature requ	ired when reinstating)	DATE
12.		D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFI	
TITLE	PVP	☐ DELÉTE	1.1 TRTL			Change Addition
NAME	CICORIA, MARY D.		1.2 NAM	E		
STREET ADDRESS	179 HAMPTON PLACE		1.3 STRI	ET ADDRESS		
CITY-ST-ZIP	JUPITER FL	T Beleve		-ST-21P		
TITLE	ST CICORIA, MARY D.	☐ DELETE	2.1 TITL			Change Addition
NAME	179 HAMPTON PLACE		2.2 NAM			
STREET ADDRESS	JUPITER FL			ET ADDRESS		
CITY-ST-ZIP TITLE	OOI II ERI T E	DELETE	2. 4 C/I	'-ST-ZIP		Change Addition
NAME		C) beceiv	3.2 NAM			L3 Change L1 Addition
STREET ADDRESS				ET ADDRESS		
CITY-ST-ZIP				'-ST-ZIP		
TITLE		DELETE	4.1 TITLE			☐ Change ☐ Addition
NAME			4. 2 NAN	ne l		
STREET ADDRESS				ET ADDRESS		
CITY-ST-ZIP			4.4 CITY	ſ		1
THLE		☐ DELFTE	5.1 TITLE	·		Change Addition
NAME			5.2 NAM	E		İ
STREET ADDRESS			5.3 STRE	et address		
CITY-ST-ZIP			5.4 CHY	- ST - ZIP		
TITLE		☐ DELETE	6 1 TITLE			☐ Change ☐ Addition
NAME			62 NAM	Ε		
STREET ADDRESS			63 STAE	ET ADDRESS		
CITY-ST-ZIP			6.4 CITY	-ST-ZIP		

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.