FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 Apr 27 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 **DOCUMENT #**1. Corporation Name L53358 LIQUOR LAND, INC. Principal Place of Business Mailing Address % MAN KIL KIM 3000 OLD WINTER GARDEN ROAD % MAN KIL KIM 3000 OLD WINTER GARDEN ROAD DO NOT WRITE IN THIS SPACE ORLANDO FL 32805 ORLANDO FL 32805 3. Date Incorporated or Qualified 04/01/1990 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3083569 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 Added to Fees 28 Country Zip Country 8. This corporation owes or has paid the current year Intangible Yes 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name 3000 OLD WINTER GARDEN ROAD 82 Street Address (P.O. Box Number is Not Acceptable) **ORLANDO FL 32805** 83 64 City 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. 13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Addition TITLE 1.1 TITLE Change KIM, MAN KIL 1.2 NAME NAME 410 SONGBIRD WAY STREET ADDRESS 1.3 STREET ADDRESS APOPKA FL CITY-ST-ZIP 14 CITY-ST-ZIP DELETE Addition TITLE 21 TITLE Change NAME KIM, HAI YONG 2.2 NAME 410 SONGBIRD WAY STREET ADDRESS 2.3 STREET ADDRESS APOPKA FL CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3 1 TITLE LEE, YONG K. NAME 3.2 NAME 410 SONGBIRD WAY STREET ADDRESS 3.3 STREET ADDRESS APOPKA FL CITY-ST-ZIP 34. CITY-ST-ZIP DELETE 4.1 TITLE Change Addition TOLE 4.2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE Change 6.1 TITLE 6.2 NAME NAME 63 STREET ADDRESS STREET ADDRESS

14. 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.

SIGNATURE:

CITY-ST-7IP

B

Lee

4/20/98

2E034 (10/97)