


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

FILED

Apr 28 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # M48287 (0)					
1. Corporation Name MATTCO LIQUORS, INC.					
Principal Place of Business 8354 WEST OAKLAND PARK BOULEVARD SUNRISE FL 33351 US			Mailing Address 8354 WEST OAKLAND PARK BLVD SUNRISE FL 33351-7308 US		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/13/1987		3a. Date of Last Report 03/18/1996	
21		26 1828 N. WILVER DRIVE		4. FEI Number 65-0001436		Applied For Not Applicable	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 City & State		28 PEN BROKE PINES, FLA.		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Zip		29 33024		30 Country		U.S.A.	
25 Country		29 33024		30 U.S.A.		6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent RUDD, HARRY 1508 NE 4TH AVE FT. LAUDERDALE FL 33304				10. Name and Address of New Registered Agent			
81 Name				RUDD HARRY			
82 Street Address (P.O. Box Number is Not Acceptable)				1828 N. WILVER DRIVE			
83							
84 City				PEN BROKE PINES FL			
85 Zip Code				33024			

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE <input type="checkbox"/> DELETE				1.1 TITLE SAME <input type="checkbox"/> Change <input type="checkbox"/> Addition			
1.2 NAME				1.2 NAME SAME			
1.3 STREET ADDRESS				1.3 STREET ADDRESS 1828 N. WILVER DRIVE			
1.4 CITY-ST-ZIP				1.4 CITY-ST-ZIP PEN BROKE PINES, FLA. 33024			
2.1 TITLE <input type="checkbox"/> DELETE				2.1 TITLE SAME <input type="checkbox"/> Change <input type="checkbox"/> Addition			
2.2 NAME				2.2 NAME SAME			
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6.2 NAME				6.2 NAME			
6.3 STREET ADDRESS				6.3 STREET ADDRESS			
6.4 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.

SIGNATURE: HARRY RUDD Date: 4-23-97 Daytime Phone: 954-704-0290

CR2E034 (9/96)