## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham.

Secretary of State DIVISION OF CORPORATIONS

1996

2. Principal Place of Business

SIGNATURE:

21

P92000002902 (4)

2a. Mailing Address

DOCUMENT 1. Corporation Name	#	P920
TRADEWINDS	HOUG	RS INC.

THADEWINDS LIQUORS INC.	
Principal Place of Business	Maring Address
156 INDIES DRIVE SOUTH MARATHON FL 33050	156 INDIES DRIVE SOUTH MARATHON FL 33050



3a. Date of Last Report

02/16/1995

Applied For

\$8.75 Additional

Not Applicable

3. Date Incorporated or Qualified

65-0390994

10/30/1992

4. FEI Number

Suite, Apt #	r, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired		\$8.75 Additional Fee Required
City & State		City & State		Election Campaign Financing     Trust Fund Contribution		\$5.00 May Be Added to Fees
Zip	Country	Z(p)	Country	8. This corporation has liability for	intangible tax	
24	25	29	30	Florida Statutes	; ∏No	
	9. Name and Address of Currer	t Registered Agent		10. Name and Address of New F	Registered Ag	jent
			81 Name			
FODE.	Bennet		82 Street Ad	Idress (P.O. Box Number is Not Acceptab	ole)	
	IDIES DRIVE SOUTH					
	THON FL 33050		83			
			84 City			85 Zip Code
	1 (	1			FL.	-   /
or registere familiar wit	o the provisions 6: Section (1007.0502 ed agent, or both, in the State of Flor th, and accept the suligations of, Sec.	And 607.1508. Florida Statut la. Such change was authoriz log 607.0506, Florida Statutes	ed by the corporation's bo	poration submits this statement for the purporard of directors. I negliby accept the app	irpose of chan pointment as re	ging its registered offici agistered agent. I an:
	Signative itypedical practical floor income of regoverno agent. OFFICERS AN		TE Begintered Agent Signal in temp	ined when which it is ADDITIONS/CHANGES TO OFF	EIGERS AND I	DIRECTORS IN 12
12. TULE	PD OFFICERS AN	DELETE	1 1 Till E	ADDITIONS OF TANGES TO GIT		Change Addition
NAMÉ .	FODE, BENNET	La Dece le	1.2 NAME		_	
	156 INDIES DRIVE SOUTH		1 3 STREET ADDRESS			
STREET ANAPESS	MARATHON FL 33050		1.4 CITY - ST - ZIP			
CITY-ST-ZIP TITLE	VD	DELETE	2 1 TiTLE			Change Addition
NAME	FODE, JEAN	F-3	2.2 NAME			
STREET ADDRESS	156 INDIES DRIVE SOUTH		2.3 STREET ADDRESS			
CITY - ST - ZIP	MARATHON FL 33050		2.4 CHT+ ST-ZIP			
TIFLE		DELETE	3 1 TITLE			Change
NAME			3 2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
C-11 - S1 - ZiP			3.4 City - \$1 - Ziff	7000042	0.4.6	1 <del></del>
TITLE		DETELE	4 1 TITEE	<b>7000017</b> -04/24/9601	กับริศั	Change
NAME			4.2 NAME	***200.00	010 01	•
STREET ADDRESS			4.3 STHEET ADDRESS			
CITY-ST-ZIP			4.4 CHTY - ST - ZIP			
TITLE		☐ DELETE	5 1 TITLE			Change 🔲 Addition
NAME			5 2 NAME			
STREET ADDRESS	1		5.3 STREET ADDRESS			
CHTY+ST-ZIP			5 4 CITY - ST - ZIP			
TITLE		☐ DELETE	6 1 TiTLE		L	i Change La Addition
NAME		,	6.2 NAME		l	1-05.V
STREET ADDRESS			6.3 STHEET ADDRESS		_	' K
CITY-ST ZIP			64 CHY S1-ZIP		0.07/0// 5:	ala Otol dos 14 ala
CITY-ST ZIP  14. I do heret certify that cath, that	by certify that the information symplicid if the information indicated or this are I am an officer or direction officer con in Block 12 or Block 13 if changlid, or	with this filing is voluntarily fur used report or supplemental an oration or the register or trust origin attaching twith an add	64 CHY ST-ZIP nished and does not qual- nual report is true and acc se empowered to execute	fy for the exemption stated in Section 118 turate and that my signature shall have th this report as required by Chapter 607	9 07(3)(k). Flor e same legal e Florida Statute	da Statutes. I furth- frect as if made un s; and that my nam