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

DOCUMENT #

P93000069814 (0)

FORUM LIQUORS, INC.

FILED May 01 1996 8:00 am Secretary of State

Principal Place		Multing Address		a consecut no 10100 till 2011 2	8441 00 461 421/4 04/4 0	HONOL FOLDS OF BUILDING STORE SOUT
1681 FORUM SUITE 701		1681 FORUM PL SUITE 701				
W PALM BEACH FL 33401 US		WEST PALM BEACH F US	WEST PALM BEACH FL 33401 US		3. Date Incorporated or Qualified 10/07/1993 3a. Date of Last Report 05/19/1995	
2. Principal Pl	ace of Business	2a. Mailing Address 26		4. FEI Number 65-0441284		Applied For Not Applicable
Suite, Apt.		Suite, Apt. #, etc 27		5. Certificate of Status Desired		\$8.75 Additional Fee Required
City & State)	City & State		6. Effection Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees
Ζφ 24	Country 25	Ζη: 29	Country 30	8. This corporation has liability for Elonda Statutes Yes	or intangible tax u es (⊠ No	
	9. Name and Address of Cur	rent Registered Agent	81 Name	10. Name and Address of New	Registered Ag	ent
PARRIS	H, BRUCE W JR.					
105 S N	VARCISSUS AVE		82 Street Ad	dress (P.O. Box Number is Not Accepta	able)	
SUITE 7			83			
WEST P	ALM BEACH FL 33401	4 5	84 City			85 Zip Code
11. Pursuant t	o the provisions of Sections 607.0	507 and 607 1508 Floor L Statuta	o the above payied aver		J-1	'
or register	ed agent; a bon in the State of F	Kright Such change was authorize	ed by the corporation's ba	oration submits this slatement for the plant of directors. Thereby accept the ap	urpose of chang pointment as req	ing its registered office gistered agent. Fam
SIGNATURE	CUXIVIT	we Anthon		BUSIES	5/1/	96
	Styral are typed or product corne of may conside	ge faid the languages of all		inal where as ist trog	DATE	, O
12.	OFFICERS.	AND DIRECTORS	13.	ADDITIONS CHANGES TO OF		
NAME	LUCE, ANTHONY	☐ DELETE	1 1 TITLE			Change 🔲 Addition
STHEET ADDRESS	115 PALOMINO DR		1.2 NAME			
CITY-ST-ZIP	JUPITER FL 33458		1 3 STREET ADDRESS			
TITLE		☐ DELETE	14 CHY+ST-ZIP 2 1 HTtE			Change Addition
NAME			2.2 NAME		·	Puside
STREET ADDRESS			2.3 STREET ADDRESS			ļ
CITY-ST-ZIP			2.4 Crt y - ST - Z-P			İ
TITLE	311	☐ DELETE	3 1 7:111.5		П	Change Addition
NAME			3.2 NAME			
STREET ADORESS			3.3 STREET ADDRESS			
CITY - ST - 2IP			3.4 CITY - \$1 - ZIP			
TITLE		DELFTE	4 1 TITUE			Change Addition
NAME			4.2 NAME			
STREET ADDRESS			4.3 STHEET ADDRESS			
CITY - ST - ZIP		Florer	44 City St ZiP		7777	
TITLE		DETER	5 1 T TLF			Prange
NAME STREET ADDRESS			5.2 NAM:			
CITY - ST - ZIF			5 3 STREET ADDRESS			
Tille		☐ DELETE	5.4 CiTy - \$1 - 2iF			
NAME		[] better	6 1 TITLE			nange
STREET ADDRESS			6.2 NAME			
CITY - ST - ZIP			6 3 STREET ADDRESS			
14. I do hereby	certify that the information supplied the information indicated on this so	and this filing is valuntarily familis	640"y-S1 ZIP shed and does not qualify	for the exemption stated in Section 119	OZZALI Elseda	Statutor 1 further

4. Too hereby certify that the information supplies with this fling is vigluntarity furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes, I further certify that the information indicated on this priving 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 flief or private 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 managery or on an attachment with an address.

SIGNATURE: _{

SIGNATURE AND TYPED OR PHINTED NAME OF SIGNING OFFICER OR DIRECTOR Y

5/1/96

407 686-8111 Dayline Power #