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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of Spite DIVISION OF CORPORATIONS

1996

DOMODODO (E)

1. Corporation Name 414 LIQUOR #2, INC.  Principal Place of Business  Mailing Address								
414 N. PARAM ORLANDO FL		414 N. PARAMORE ORLANDO FL 32801						
					3. Date Incorporated or Qualified 04/26/1994		te of Last Rep 04/20/199	
Principal Place	e of Business	2a. Mailing Address			4. FEI Number 59-3259750			plied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.				\$8.75	t Applicable Additional	
Suite, Apt. #,	BIC.	27			5. Certificate of Status Desired		Fee Re	
City & State		City & State			6. Election Campaign Financing		\$5.00	•
	Country	[28]	Country		Trust Fund Contribution  8. This corporation has liability for		Added t	
Zip	Country 25	Zip <b>29</b>	30		Florida Statutes 🔲 Yes	s 🔲 No		
	g. Name and Address of Currer		<del></del>		10. Name and Address of New	Registered	Agent	
			81	Name				
					lress (P.O. Box Number is Not Acceptable)			
	iobinson St.		83					
; SUITE 5	90 O FL 32801						Tot 700	Code
			84	City	ration submits this statement for the part of directors. Thereby accept the app	FI		
LE ME REET ADDRESS	D LEE, YONG HAN 414 N. PARAMORE AVE.	ID EXRECTORS	13. 1 1 TITLE 1 2 NAME 1 3 STREET		ADDITIONS/CHANGES TO OF	HICERS AN		S IN 12 Addition
1Y - ST - 7IP	ORLANDO FL 32801	DELFTE	2.1 THUE	31 ZIP			Change	☐ Add-tion
ME	LEE, SAK SOON		2 2 NAME	1				
REET ADORESS	414 N. PARAMORE AVE.		2 3 STREE	I ADDRESS	•			
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REET ACCRESS				FADDRESS				
Y-SI-ZIP		[] DELETE	4.4.011Y - 5.1.1:TLE	81 - ZIV			Change	Addition
LE ME		C	5.2 NAME					
REET ADDRESS			53STHFF	T ADDRESS				
TY - ST - ZIP			5.4 CHY-	ST-ZIP			Cocce	Add:tion
TLE		☐ DELFTE	6 1 111 <sub>1</sub> , F		3000017	<b>627</b>	☐ Change	
AMÉ			6.2 NAME	PADORESS	3000017 -03/29/9601	.057i	015	
FREET ADDRESS			6.4 C/TY -	ST-ZIP	***200.00			
חול זם עד		Luith this those is us untarily 6	amirbosi and do	an atau la	for the exemption stated in Section 11	9.07(3:/k)	Florida Statule	s. I further
11Y-SI-ZIP 4. I do hereby	certify that the information supplied	I Mitti fulle int id ie Ao Gerroch's o	OTTESTED EN IS CICA	es not quality	observed that my characture that have the	ac earno los	al effect as if:	made unde
4. I do hereby certify that	the information indicated on this and	hual report or supplemental a varation or the received or true	rinual report is tr stee en inowered				futes; and that	
I do hereby certify that		hual report or supplemental a varation or the received or true	rinual report is tr stee en inowered		ah and that my signature shall have this report as required by Chapter 607,  4 ~ 2.5	Florida Sta	tutes; and that	