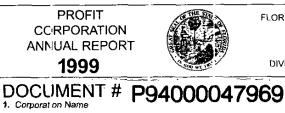
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CCRPORATION ANNUAL REPORT

1999

LIPPY LIQUORS, INC.



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90061 043 ***158.75



Principal Place of Business Mailing Address						T (MONINE) (NO TOTAL DIENT DENT DENT DENT DENT DENT DEND IDEE DITTE DITTE DENT DENT	
1807 N 68TH A' HOLLYWOOD F	• —	1807 N 68TH AVE HOLLYWOOD FL				DO NOT WRITE IN THIS SPACE	
						3. Date Ir corporated or Qualifed 06/28/1994	
2. Principa Pl	ace of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number Applied For	
21		26	26			65-0501967 Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional	
22		27				Fee Recuired	
City & State		City & State	28			6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees	
Zip	Cour try	Zip				8. This corporation owes the current year intangible	
24	25	29	30			Persor al Property Tax.	
Name and Address of Current Registered Agent						10. Name and Address of New Registers d Agent	
DOTINGO MADV I				81	Name		
ROTUNNO, MARY J 1807 N. 68TH AVE.			Ì	82	Street Add	(Idress (P.O. Bo) Number is Not Acceptable)	
	YWOOD FL 33024						
noci	111100D FE 33024			83			
			1	84	City	85 Zip Code	
						FL 0 25 cos	
Pursuant to the provisions of Sections 607.050.1 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 a cept the obligations of, Section 607.0505, Florida Statutes.							
SIGNATURE							
	Signature, typed or printed nome of registered			Agent	signature require	ed when reinstating DATE	
12.		AND DIRECTORS	13.			ADDITI DNS/CHANGES TO OFFICERS AND DIRECTO RS IN 12 Change Addition	
TITLE	D THANKS ANOTED	☐ DELETE	1,1 TIT		1	Change Addition	
NAME	, ,		1.2 NA				
STREET ADDR :SS					ADDRESS		
CITY-ST-ZIP	HOLLYWOOD FL 33024	DELETE	14 Cm		-ZIP	☐ Change ☐ Addition	
TITLE		U DELE≀E	2.1 111				
NAME			2.2 NA				
STREET ADDRESS					ADDRESS		
CITY-ST-ZIP		☐ DELETE	2. 4 Cl		r-zip	☐ Change ☐ Addition	
TITLE		☐ BECEIG	ELETE 3.1 TITLE 3.2 NAME				
NAME			1				
STREET ADDFESS					ADDRESS		
CITY-ST-ZIP		☐ DELETE	3.4. CI 4.1 TIT		ZIP	☐ Change ☐ Addition	
TITLE							
NAME			4.2 NAME 4.3 STREET ADDRESS		1000506		
STREET ADDF ESS							
CITY-ST-ZIP		DELETE	4.4 CIT		-219	☐ Change ☐ Addition	
TITLE	_ Dett.re			5.1 TITLE 5.2 NAME			
NAME					ADDRESS		
STREET ADDF ESS			5.3 GT				
CITY-ST-ZIP		DELETE	6.1 TIT			Change Addition	
TITLE			6.2 NA				
NAME		•			ADDRESS		
STREET ADD RESS			0931	- u _m ⊆ 1	, 200, 1000		

14. 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 he same legal effect as if made under oath; that I am an office 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 or an attachment with an address, with all other like empowerer.

SIGNATURE:

AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR