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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

**Katherine Harris** 

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT	# P95000024280
<ol> <li>Corporation Name</li> </ol>	1 0000002 1200

A-1 FINE SPIRITS, INC.

1 (84)(88)	 91919 11991 1911 001 102

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Principal Place	rincipal Place of Business Mailing Address						BIO 11881	i išini dani nasi			
1283 S STATE ROAD 7 10702 CYPRESS BEND DRIVE NORTH LAUDERDALE FL 33068 BOCA RATON FL 33498 US					DO NOT WRITE IN THIS SPACE						
							3. Date incorporated or Qualifed 03/27/1995				
2. Principal Pl	ace of Business	2a	. Mailing Address				4. FEI Number		Ap	plied For	1
21	· · · · · · · · · · · · · · · · · · ·	26					65-0567143			ot Applicable	-
Suite, Apt. i	¥, etc.	27	Suite, Apt. #, etc.				5. Certificate of Status Desired	•	-	Additional equired	
City & State			City & State				-6: Election Campaign Financing			May Be	1
23	· · · · · · · · · · · · · · · · · · ·	28					Trust Fund Contribution			to Fees	1
Zip	Country	$\vdash$	Zip	_	intry		8. This corporation owes the current year	Intangib		<b>1</b> 7€No	ĺ
24	25	29		30			Personal Property Tax.  10. Name and Address of New Register			<u> </u>	-
	9. Name and Address of Currer	t Regis	stered Agent		81	Name	10. Name and Address of New Register	a Agei			1
I ACI	JEUX, GERRY D				"	Name					1
	2 CYPRESS BEND DRIVE				82 Street Add		dress (P.O. Box Number is Not Acceptable)				
										<del></del>	-
BUC	A RATON FL 33498				83						1
		•			84	,	F	_		Code	
office or re	o the provisions of Sections 607.050 egistered agent, or both, in the State in familiar with, and accept the obliga	of Flori	da. Such change was	authorized	o by	une corporation	ration submits this statement for the purpose is board of directors. I hereby accept the ap	of chan pointmen	ging its it as re	registered egistered	
SIGNATURE											1
SIGNATURE	Signature, typed or printed name of registered age	nt and title	if applicable. (NOT	E: Registered	Agen	t signature required					- 6
12.	OFFICERS AN	ID DIRI		13.			ADDITIONS/CHANGES TO OFFICERS				ને ફ
TITLE	PTD		☐ DELETE	1.1 TI	TLE	ł		Ш	Change	☐ Addition	3
NAME	Lagueux, Gerry D			1.2 N	AME						}
STREET ADDRESS	10702 CYPRESS BEND DRIVE			1.3 \$	TREET	ADDRESS					إ
CITY-ST-ZIP	BOCA RATON FL 33498			1.4 C	TY-S	r-ZiP					ļģ
TITLE	VSD		□ DELETE	2.1 TI	TLE			Ш	Change	Addition	`
NAME	CALDERON, LINDA			2.2 N	AME						
STREET ADDRESS	10702 CYPRESS BEND DRIVE			2.3 \$	TREET	ADDRESS					
CITY-ST-ZIP	BOCA RATON FL 33498			2.40	ITY-S	T-ZIP					1
-TITLE			DELETE_	3,1.TI	TLE-			<b></b> -√⊡'	Jhange -		
NAME				3.2 N	AME	Į					1
STREET ADDRESS				3.3 S	TREET	ADDRESS					
CITY-ST-ZIP				3.4. 0	ITY-S	T-ZIP					4
TITLE			☐ DELETE	4,1 T	TLE				Change	☐ Addition	
NAME				4.21	IAME	i					
STREET ADDRESS				4.3 S	TREET	ADDRESS	•				
CITY-ST-ZIP	•			4.4 C	TY-S	T-ZIP					
TITLE			☐ DELETE	5.1 T	TLE				Change	☐ Addition	1
NAME				5.2 N	AME						
STREET ADDRESS				5.3 \$	TREET	ADDRESS					
CITY-ST-ZIP				5.4 C	ffy-\$	T-ZIP					_
TITLE			☐ DELETE	6.1 T	TLE				Change	Addition	1
NAME				6.2 N	AME						{
STREET ADDRESS				6.3 S	TREE	T ADDRESS					1
CITY-ST-ZIP			•	6.4 C	fTY-S	T-ZIP					

14. I 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, with all other like empowered.

SIGNATURE: