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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000039361 (7)

PRG LIQUORS TOO, INC.

Principal Place of Business Mailing Address SOOG LAVE WORTH DO 7099 LAKE WORTH RD

FILED May 02 1997 8:00am Secretary of State



LAKE WORTH FL 33467			LAKE WORTH FL 33467-2904				
						3. Date Incorporated or Qualified 05/17/1995	3a. Date of Last Report 04/22/1996
2. Principal Pi	lace of Business	2a. Mailing A	2a. Mailing Address			4. FEI Number	Applied For
21		26	26			65-0584069	Not Applicable
Suite, Apt. #, etc.		Suite, Ap	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	9	City & St	City & State			6. Election Campaign Financing	\$5.00 May Be
23		28				Trust Fund Contribution	Added to Fees
Zip	Country	Zip		Countr	У	8. This corporation has liability for	
24	25	29		30			Yes No
	9, Name and Address of	Current Registered Age	nt	8.	Name	10. Name and Address of New Re	gistered Agent
	ENSTEIN, PETER R			•	Name		
	E WORTH RD E WORTH FL 33467		82 Street Ad		Street Add	ddress (P.O. Box Number is Not Acceptable)	
				83	3		
•				84	City		85 Zip Code
## Durouppt	to the provinces of Postions C	07 0602 and 607 1609 5	Jarida Ctaluta	an the obe	io nomed on	poration submits this statement for the p	, .
office or r	egistered agent, or both, in the m tamiliar with, and accept the	e State of Florida. Such d	change was a	suthorized b	ly the corpora	ation's board of directors. I hereby accep	pt the appointment as registered
SIGNATURE	in terms that are soop in	o omigations on Copilor	50110005,110				
SIGNATORE	Signature, typed or printed name of regis		(NO1E	. Registered A	gent signature requ	uired when reinstating)	DATE
12.		RS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFIC	
TITLE	PŠTD	L	DELETE	1.4 TITLE			Change Addition
NAME	PETER R. GREENSTEIN			1.P NAME			
STREET ADDRESS	5386 PLAINS DRIVE			1.B STREE	T ADDRESS		
CITY-ST-ZIP	LAKE WORTH FL			14 CITY-	ST-ZIP		
TITLE		L	_ DELETE	2h 1līle			Change Addition
NAME				S & NVWE			
STREET ADDRESS				2 A STREE	T ADDRESS		
CITY-ST-ZIP			_	2;4 CITY	- S1 - ZIP		
TITLE		L	DEFELE	3 TITLE			Change Addition
NAME				3⊉ NAME			
STREET ADDRESS				3,B STREE	T ADDRESS		
CITY-ST-ZIP				3,4. CITY	· Sĭ - ZiP		
TITLE] DELFTE	4.H TITLE			Change Addition
NAME				4. 2 NAM	ŧ .		
STREET ADDRESS				4,3 STREI	1 ADDRESS		
CITY-ST-ZIP				4# CITY-	ST-ZIP		
TITLE			DELETE	5.h TITLE			☐ Change ☐ Addition
NAME .				5.2 NAME			
STREET ADDRESS				5,3 STREE	1 ADDRESS		
CITY-ST-ZIP				5Ņ CITY-	ST - ZIP		
TITLE		Τ	DELETE	6.4 TITLE			Change Addition
NAME				6⊉ NAM€			
STREET ADDRESS				6.3 STREE	1 ADDRESS		
CITY OF TID				Civ CITY	i		

14. I do hereby certify that the information supplied with this filling 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 c