

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mathiam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000042600 (3)

1. Corporation Name

FLETCHER LIQUORS, INC.

Principal Place of Business

1906 EAST FLETCHER AVE., UNIT E
TAMPA FL 33612

Mailing Address

1907 EAST HILLSBOROUGH AVE.
TAMPA FL 33610



2. Principal Place of Business

2a. Mailing Address

21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country

9. Name and Address of Current Registered Agent

DIAZ, JOSEPH L
2522 WEST KENNEDY BLVD.
TAMPA FL 33609

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, Florida Statutes, the above named corporation subscribes 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 accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature by and on printed name of registered agent and must apply to 4

2004: Registered Agent's name must be printed in this space

DATE

12. OFFICERS AND DIRECTORS

TITLE	[] DELETE
NAME	D
STREET ADDRESS	O'STEEN, EUGENE E
CITY-STATE-ZIP	1907 EAST HILLSBOROUGH AVE.
TITLE	[] DELETE
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	[] DELETE
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	[] DELETE
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	[] DELETE
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	[] Change [] Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-STATE-ZIP	
21 TITLE	[] Change [] Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-STATE-ZIP	
31 TITLE	[] Change [] Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-STATE-ZIP	
41 TITLE	[] Change [] Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-STATE-ZIP	
51 TITLE	[] Change [] Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-STATE-ZIP	
61 TITLE	[] Change [] Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(a), 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 additional page with an address.

SIGNATURE:

Eugene O'Steen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/96

813-239-2711

CR2E034 (12/95)