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PROFIT CORPORATION ANNUAL REPORT

1999



DOCUMENT # P96000029392

DIVISION OF CORPORATIONS

May 10, 1999 8:00 am Secretary of State FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

05-10-1999 90010 013 ***150.00

LIQUID A	ADDICTION, INC.									
Principal Place	of Business	Mailing Address				i (40)((30) (10 (6)) 6 6)(() 60()) 4)	
929 SUNRISE LANE FT. LAUDERDALE FL 33304 US 929 SUNRISE LANE FT LAUDERDALE FL US US			1304			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed				
						03/29/1996		1.		
2. Principal Pla	ace of Business	2a. Mailing Address				4, FEI Number		<u> </u>	olied For	
21		26				65-0690591			Applicable	
Suite, Apt. #	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired		\$8.75 A		
22		27								
City & State	•	City & State				6. Election Campaign Financing		\$5.00 Added to		
23		28		inte :		Trust Fund Contribution			7 - 663	
Zip	Country	Zip		untry		8. This corporation owes the cur		ngible □ Yes	□No	
24	25	29	30			Personal Property Tax. 10. Name and Address of New				
	9. Name and Address of Curro	ent Registered Agent		81 Nar		10. Name and Address of New	registered P	gon		
CBITE	HER, BARRY P			101						
	1050, FIRST UNION FINANCIA	AL CENTER		82 Stre	et Addres	s (P.O. Box Number is Not Accep	table)			
	S. BISCAYNE BLVD.	TE OLIVIES.		83	····					
	M FL 33131			63						
MINTAL	M 1 L 00101			84 City			FL	85 Zip 0	ode	
				1		eties automite this statement for th		hanging its	registered	
	to the provisions and security of the	OOL BING GOT TOOD, FIOTIDG CLOSE					As the appoin	tonant on ra	istered	ı
SIGNATURE		~\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Pres	> UT	₹	ation submits this statement for the s board of directors. I hereby account to the statement for the s	' 17 /	unent as re	 , :	
SIGNATURE	Signature, typed of printed name of registered a	gent and title if applicable. (NOT	E: Registered	> UT	₹	then reinstating)	DATE			(00)
SIGNATURE 5	Signaturi, typed or panted name of registered a	gent and title if applicable. (NOT	E: Registered	d Agent signal	₹		DATE			11/00)
SIGNATURE 12.	Signaturi, typed deplinted name of employed a OFFICERS A	gent and title if applicable. (NOT	E: Registered 13.	d Agent signal	₹	then reinstating)	DATE	D DIRECTO	RS IN 12	(44,00)
SIGNATURE	Signaturi, typed deplinted name of explorered a OFFICERS A D THOMAS, KEVIN	gent and title if applicable. (NOT	13. 1.1 Ti 1.2 N	d Agent signal	ire required w	then reinstating)	DATE	D DIRECTO	RS IN 12	5037 (11/00)
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signaturi, typed depinted name of explorered a OFFICERS A D THOMAS, KEVIN 1057 S.W. 149 LANE	gent and title if applicable. (NOT	E: Registered 13. 1.1 Ti 1.2 N 1.3 S	d Agent signal ITLE IAME TREET ADORE	ire required w	ADDITIONS HANGES TO O	DATE FRICERS ANI	D DIRECTO	RS IN 12	00E004 (44,00)
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signaturi, typed organized and officers of OFFICERS of THOMAS, KEVIN 1057 S.W. 149 LANE SUNRISE FL	gent and title if applicable. [NO] AND DIRECTORS DELETE	E: Registere: 13. 1.1 Ti 1.2 Ni 1.3 Si 1.4 Ci	d Agent signal ITLE IAME TREET ADDRE	ire required w	ADDITIONS HANGES TO O	DATE FRICERS ANI	D DIRECTO	RS IN 12	CD2E024 (11,00)
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CITY-ST-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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR