Apr 16, 1999 8:00 am Secretary of State

04-16-1999 90118 044 \*\*\*150.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P9600030670

1. Corporation Name

CROWN	WINE MERCHANTS, INC.							
Principal Place	e of Business	Mailing Address				II <b>Va</b> ida <b>Vaida</b> (1)		02:1 08:1 <b>:00</b> }
910 N.W. 10TH PLACE 910 N.W. 10TH PLACE								
FT. LAUDERDALE FL 33311-6199 FT. LAUDERDALE FL 33311-6			199		DO NOT WORK	C (N) TI 110 C	DACE	
					DO NOT WRIT	E IN THIS S	PACE	<del></del>
				·	3. Date Incorporated or Qualifed 04/03/1996			Į
2 Dain sin at D	lace of Business	2a. Mailing Address			4. FEI Number		- I And	plied For
<del>-</del>	lace of Business	·			NOT APPLICABLE		_ <del> </del>	Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.					\$8.75 A	
22	, 2.0.	27			5. Certifcate of Status Desired		Fee Re	quired
City & State	e	City & State			6. Election Campaign Financing		\$5.00	May Be
23		28			Trust Fund Contribution		Added to	
Zip	Country	Zip	Country	•	8. This corporation owes the curre		ngible	<u>v</u>
24	25	29 30	<u>)                                    </u>		Personal Property Tax.			No_
	9. Name and Address of Curren	t Registered Agent	81	l Manage	10. Name and Address of New R	egistered A	gent	
ROS	ENTHAL, KERRY E		81	Name				
	NBERRY PLAZA, STE. 500		82	Street Addre	ess (P.O. Box Number is Not Accepta	ble)		
2875 N.E. 191 ST			83				_	
	NTURA FL 33180		83	1				
			84	City		FL	85 Zip C	Code
44 - D	to the provisions of Sections 607.050	2 and 607 1509. Elected Statutes	the above	e-named come	oration submits this statement for the	nurnose of cl	l l hanging its	registered
office or re	registered agent, or both, in the State	of Florida. Such change was auth	orized by	the corporatio	n's board of directors. I hereby accep	t the appoint	ment as reg	gistered
agent. I a	im familiar with, and accept the obliga	tions of, Section 607.0505, Florid	a Statutes	i.				
SIGNATURE	· ,				I when reinstating)	DATE		
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable. (NOTE: Re		nt signature required	when reinstating)  ADDITIONS/CHANGES TO OF		DIRECTO	RS IN 12
SIGNATURE	Signature, typed or printed name of registered ager		egistered Ager			FICERS AND	DIRECTO	RS IN 12
SIGNATURE	Signature, typed or printed name of registered ager OFFICERS AN	nt and title if applicable. (NOTE: Re	egistered Ager			FICERS AND		
SIGNATURE  12.  TITLE	Signature, typed or printed name of registered ager OFFICERS AN	nt and title if applicable. (NOTE: Re	13. 1.1 TITLE 1.2 NAME			FICERS AND		
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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.

6.4 CITY-ST-ZIP

**SIGNATURE:** 

STREET ADDRESS

CITY-ST-ZIP

WU Paul Kassal

04/05/99 Date

(954) 763<del>-</del>6831 Daytime Phone #

CR2E034 (11/98)