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Feb 04 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000030696 (4)

1. Corporation Name
A M LIQUORS, INC.



Principal Place of Business
8711 GETTYSBURG WAY
TAMPA FL 33607

Mailing Address
8711 GETTYSBURG WAY
TAMPA FL 33635-6215

3. Date Incorporated or Qualified
04/04/1996

3a. Date of Last Report

2. Principal Place of Business

21 10009 W. HILLSBOROUGH AVE

Suite, Apt. #, etc.

22

City & State

23 TAMPA FL

Zip

24 33615

Country

25 HILLSBOROUGH

2a. Mailing Address

26 10009 W. HILLSBOROUGH

Suite, Apt. #, etc.

27

City & State

28 TAMPA FL

Zip

29 33615

Country

30 HILLSBOROUGH

4. FEI Number

59-3369802

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

CHHOURI, ALEX
8711 GETTYSBURG WAY
TAMPA FL 33607

10. Name and Address of New Registered Agent

81 Name

MATEA HARFOUCH

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

5429 BAY WATER DRIVE

83

City

TAMPA

FL

85 Zip Code

33615

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits 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 OF PRINTED NAME OF REGISTERED AGENT AND IF APPLICABLE

MATEA HARFOUCH

1/22/97

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PRESIDENT
MATEA HARFOUCH
STREET ADDRESS 5429 BAY WATER DRIVE
CITY-ST-ZIP TAMPA, FL 33615

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/97 813-8889849

CR2E034 (9/96)