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

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **P97000083418**1. Corporation Name

NORTHGATE SQUARE LIQUORS, INC.

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Principal Plac	e of Business	Mailing Address				41151 <b>  119</b> 11   1491   1415   1 <b>65</b> }
3921 VAN DYKE RD 3921 VAN DYKE RD LUTZ FL 33549 LUTZ FL 33549						
					DO NOT WRITE IN THIS SPA	ACE
	,				3. Date Incorporated or Qualifed 09/25/1997	
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number	Applied For
21	· ·	26			59-3469290	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	8.75 Additional Fee Required
City & Stat	te	City & State		******	6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country		8. This corporation owes the current year Intangi	ble
24	25	29	30		Personal Property Tax.	Yes 🗌 No
	9. Name and Address of Cur				10. Name and Address of New Registered Age	nt ·
		The same of the sa	81	Name	•	
NO 392	RAM, DUANE A 1 VAN DYKE RD	44 41	82	Street Addre	ess (P.O. Box Number is Not Acceptable)	
LUT	Z FL 33549		83			
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office or r	registered agent, or both, in the Sta am familiar with, and accept the ob	ate of Florida. Such change was au digations of, Section 607.0505, Flori	uthorized by th rida Statutes.	the corporatio	oration submits this statement for the purpose of chain's board of directors. I hereby accept the appointment	ent as registered
office or ragent. I a SIGNATURE 12.	registered agent, or both, in the Starm familiar with, and accept the ob- Signature, typed or printed name of registered OFFICERS	ate of Florida. Such change was au algations of, Section 607.0505, Flori agent and title if applicable. (NOTE: I AND DIRECTORS	uthorized by the rida Statutes.  Registered Agent  13.	the corporatio	In's board of directors. I hereby accept the appointment of the directors of the specific of t	DIRECTORS IN 12
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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

**FILED** 

Feb 01, 1999 8:00am

**Secretary of State** 

02-01-1999 90026 031 \*\*\*150.00