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

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mörtham *

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1, Corporation Name

P97000104903 (4)

DJH LIQUOR CORP.

FILED Mar 31 1998 8:00am Secretary of State



Principal Place of Business Mailing Address							f raditage sen fattt jager antet ablit datet timit mattt atnes ettet antet titte jage	
2101 NORTHWEST 2ND AVENUE #5 2101 NORTHWEST 2ND A BOCA RATON FL 33431 BOCA RATON FL 33431						#5		DO NOT WRITE IN THIS SPACE
								3. Date Incorporated or Qualified
9 Principal S	llage of Quals	1000		Mailing Address				12/12/1997
2. Principal Place of Business			<u> </u>	2a. Mailing Address 26				4. FEI Number Applied For Not Applicable
Suite, Apt.	#, etc.			Suite, Apt. #, etc.				SR 75 Additional
22			27					5. Certificate of Status Desired Fee Required
City & Stat	City & State	y & State			6. Election Campaign Financing \$5.00 May Be			
23			28					Trust Fund Contribution L Added to Fees
Zip	<u>├</u> ¬ <u>├</u> ¬		<u></u>	Jntry	<i>†</i>	8. This corporation owes or has paid the current year Intangible		
24 25 29 29 29 Name and Address of Current Regist				ered Agent	30			Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent
							Name	ID, Haine and Address of New Hogersted Agent
ROSE, PETER A						_		
2101 NORTHWEST 2ND AVENUE #5 BOCA RATON FL 33431						82	Street Addre	ess (P.O. Box Number is Not Acceptable)
						83		
						84	City	FL 85 Zip Code
11 Pursuant	to the provis	ions of Sections 607	0502 and 60	7 1508 Florida Stati	ites the e	h0\"	e-named corno	pration submits this statement for the purpose of changing its registered
office or i	registered ac	ent, or both, in the St	tate of Florid	a. Such chan ge w as	s authorize	d b	v the corporation	on's board of directors. I hereby accept the appointment as registered
SIGNATURE								
	Signature, lyped	or printed name of registered				d Age	ent signature require	
12.		OFFICERS	AND DIREC	DELETE	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition
TITLE	D	MOOD DOM		☐ OELETE	111		1	Change Addition
NAME HAZLEWOOD, DON STREET ADDRESS 2101 NORTHWEST 2ND AVENUE #5						AME		
BOOK BARBALES AGAIL						1.3 STREET ADDRESS		
CITY-ST-ZIP TITLE				DELETE	1.4 CITY-ST-ZIP DELETE 2.1 TITLE		ST-ZIP	Change Addition
NAME	}			Detert			1	C onarige C Avoition
STREET ADDRESS					2.2 N		ADDDECC	
					1		ADDRESS	
CITY-ST-ZIP TITLE				2. 4 CITY - 3.1 TITLE		\$1-21	Change Addition	
NAME	İ				3.2 N		1	
STREET ADDRESS]						ADDRESS	
CITY-ST-ZIP							ST-ZIP	
TITLE	 			☐ DELETE	4.1 T			Change Addition
NAME						IAME		
STREET ADDRESS							ADDRESS	
CITY-ST-ZIP							IT-ZIP	
TITLE				DELETE	5.1 Ti			☐ Change ☐ Addition
NAME					5.2 N			· · · · · · · · · · · · · · · · · · ·
STREET ADDRESS							ADDRESS	
CITY-ST-ZIP							T-ZIP	
TITLE	<u> </u>			☐ DELETE	6.1 1			Change Addition
NAME					6.2 N		1	
STREET ADDRESS	}						ADDRESS	
CITY-ST-ZIP							T-ZIP	

14. I hereby certify that the information supplied with this filling 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 chapter 607, or on an attraction 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 chapter 607.