**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## **DOCUMENT #** P98000054280 1. Corporation Name

RAVE LIQUORS, INC.

Principal Place of Business 773 S.W. 2ND STREET

Mailing Address

773 S.W. 2ND STREET

## FILED Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90129 027 \*\*\*150.00



BOCA RATON FL 33486		BOCA RATON FL 33486		DO NOT WRITE IN TI	HIS SPACE		
					3. Date incorporated or Qualifed		
•					06/17/1998		
Principal Place of Business     2a. Mailing Address					4 FEI Number		Applied For
21 E29 Ul Sample Road 26					65-0845250	<u> </u>	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.							5 Additional
22					5. Certifcate of Status Desired	* .	Required
_City & State _ City & State					6. Election Campaign Financing	\$5.0	May Be
					Trust Fund Contribution		ed to Fees
23 Fornano Black FD 28 -/ Zip Courtry Zip Coun				<del></del>	8. This corporation owes the current year		
24 3 3 (364 25 USA 29 30					Personal Property Tax.	Yes	T⊠No
24 2300	9. Name and Address of Current	<del></del>	<u> </u>		10. Name and Address of New Register	ed Agent	
	g. Halle and Hadrood of Parisin		81	Name			
MORCROFT, KAREN 2155 S. OCEAN BLVD. #10				82 Street Address (P.O. Box Number is Not Acceptable)			
Delray Beach, FL 93483			83				
			84	City		EL  85   Zi	p Code
14 Pureupot f	to the provisions of Sections 607 0502	and 607 1508. Florida Statutes	the above	e-named corpo	ration submits this statement for the purpose	of changing	its registered
office or re	egistered agent, or both, in the State o	of Florida, Such change was auti	nonzea by	tne corporation	n's board of directors. I hereby accept the ap	pointment as	registered
agent. I ar	m familiar with, and accept the obligati	ons of, Section 607.0505, Florid	ia Statutes	•			
SIGNATURE		Alore 9	agistared Appr	t signature required	when reinstating) DATE		
12.	Signature, typed or printed name of registered agent OFFICERS ANI		13.	it signatura required	ADDITIONS/CHANGES TO OFFICERS		TORS IN 12
TITLE	P	DELETE	1.1 TITLE			☐ Chang	
NAME	•	<b>_</b>	1.2 NAME				
	MORCROFT, JEFFREY A			TADDRESS			
STREET ADDRESS	773 S.W. 2ND STREET						
CITY-ST-ZIP	CONTINUE CONTO		1.4 CITY-\$	1+ZIP		☐ Chang	e Addition
TITLE	3		2.2 NAME			_ `	_
NAME	mononor, react		1				
STREET ADDRESS	2100 0. 000011 0210. #10		2.3 STREE		بيسميد	ڪت ۔	
CITY-ST-ZIP			2. 4 CITY-5	ST-ZIP		[7] Chang	ge
TITLE			3.1 TITLE				
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREE	ADDRESS			
CITY-ST-ZIP			3.4. CITY-5	T-ZIP			no Daddiio
TITLE		☐ DELETE	4.1 TITLE			Chang	ge Addition
NAME			4.2 NAME				
STREET ADDRESS			4.3 STREE	ADDRESS			
CITY-ST-ZIP	•		4.4 CITY-S	T-ZIP			
TITLE		☐ DELETE	5.1 TITLE			☐ Chan	ge Addition
NAME .			5.2 NAME		•		
STREET ADDRESS			5.3 STREE	TADORESS			
CITY-ST-ZIP			5.4 CITY-S	T-ZIP			
TITLE		☐ DELETE	6.1 TITLE			☐ Chane	ge Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREE	TADDRESS			
OTINEET ADDRESS			64 CITY-S	T- 7IP			

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: