

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # S14049 (8)

1. Corporation Name

CONGRESS LIQUORS, INC.



Principal Place of Business

902 N. DIXIE HWY
LANTANA FL 33462
US

Mailing Address

% WENDT BRISTOL CO.
TWO NATIONWIDE PLAZA STE 760
COLUMBUS OH 43215

3. Date Incorporated or Qualified
11/20/1990

3a. Date of Last Report
04/14/1995

2. Principal Place of Business

2a. Mailing Address

21 TWO NATIONWIDE PLAZA

26

4. FEI Number

65-0233010

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

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 STE 760

28

City & State

City & State

24 COLUMBUS, OH

28

Zip

Country

Zip

Country

25 43215

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

81 Name

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

83

84 City

FL

85 Zip Code

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE CD ☐ DELETE
NAME KANTOR, MARVIN D
STREET ADDRESS 1000 URLIN AVE
CITY-STATE-ZIP COLUMBUS OH

TITLE DP ☐ DELETE
NAME KANTOR, HAROLD T
STREET ADDRESS 3546 S OCEAN BLVD, #817
CITY-STATE-ZIP PALM BEACH FL

TITLE VTD ☐ DELETE
NAME GOLD, SHELDON A
STREET ADDRESS 6321 DEESIDE DR
CITY-STATE-ZIP DUBLIN OH

TITLE S ☐ DELETE
NAME WEBER, SANDRA W
STREET ADDRESS 7961 STANBURN RD
CITY-STATE-ZIP DUBLIN OH

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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

V.P. & TREASURER

4/25/96

(614) 221-6000

CR2E034 (12/95)