

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

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
3000 FLORIDA DEPARTMENTAL CENTER

APPROVED
FILED

95 MAY -1 PM 1:36

SECRET
TALLAHASSEE, FLORIDA

DOCUMENT # S21523 (3)
1. Corporation Name
TOP SHELF WINE & SPIRITS, INCORPORATED

Principal Place of Business: **2695 B N MILITARY TRAIL
WEST PALM BEACH FL 33409
US**
Mailing Address: **731 VILLAGE BLVD., SUITE 103
WEST PALM BEACH FL 33409**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or organized: **12/28/1990** 3a. Date of Last Report: **06/03/1994**
4. FEI Number: **65-0233178** 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**
6. This corporation has liability for intangibles tax under S. 199.032, Florida Statutes: ☒ Yes ☐ No

2. Principal Place of Business: **21** 2a. Mailing Address: **26**
Suite, Apt. #, etc.: **22** Suite, Apt. #, etc.: **27**
City & State: **23** City & State: **28**
Zip: **24** Zip: **25** City: **29** County: **30**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KATZ, MARTIN V
625 N. FLAGLER DR.
WEST PALM BEACH FL 33401**

81. Name:
82. Street Address (P.O. Box Number is Not Acceptable):
83.
84. City: **FL** 85. Zip Code: **33409**

11. Pursuant to the provisions of sections 199.031 and 199.032, Florida Statutes, that all persons named corporation hereby the 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. Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 199.031, Florida Statutes.

SIGNATURE

(Signature of the person who is the registered agent or the corporation)

(Signature of the person who is the registered agent or the corporation)

DATE

12. OFFICERS AND DIRECTORS:
1. NAME: **DPS HODGINS, TODD**
2. STREET ADDRESS: **1003 D-2 GREEN PINE BLVD.**
3. CITY, ST. ZIP: **WEST PALM BEACH FL**
4. NAME: **DVPT HODGINS, BEVERLY**
5. STREET ADDRESS: **1905 HARTFORD CT**
6. CITY, ST. ZIP: **WEST PALM BEACH FL**
7. NAME:
8. STREET ADDRESS:
9. CITY, ST. ZIP:
10. NAME:
11. STREET ADDRESS:
12. CITY, ST. ZIP:
13. NAME:
14. STREET ADDRESS:
15. CITY, ST. ZIP:

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12:
1. NAME: ☐ Change ☒ Addition
2. STREET ADDRESS: **33409**
3. CITY, ST. ZIP:
4. NAME: ☐ Change ☒ Addition
5. STREET ADDRESS: **33409**
6. CITY, ST. ZIP:
7. NAME: ☐ Change ☐ Addition
8. STREET ADDRESS:
9. CITY, ST. ZIP:
10. NAME: ☐ Change ☐ Addition
11. STREET ADDRESS:
12. CITY, ST. ZIP:
13. NAME: ☐ Change ☐ Addition
14. STREET ADDRESS:
15. CITY, ST. ZIP:

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 199.031, Florida Statutes. I further certify that this information is filed on the request of the corporation or the registered agent or both and is accurate and that any corporation shall have the same legal effect as if made under oath that I am an officer or director of the corporation or the registered agent or both and that my signature is required by Chapter 199, Florida Statutes, and that my name appears on Block A of this filing. I do not intend to file an affidavit with an affidavit.

SIGNATURE:

Beverly J. Hodgins
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-95

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