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PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **S38231** (4)

1. Corporation Name

**JUPITER SQUARE LIQUORS, INC.**



Principal Place of Business

**103 SO. US HWY 1  
JUPITER FL 33477**

Mailing Address

**103 SO. US HWY 1  
JUPITER FL 33477**

2. Principal Place of Business

2a. Mailing Address

21 **6625 Winding Lake Dr**

26 **6625 Winding Lake Dr**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 **Jupiter FL**

28 **Jupiter FL**

Zip

Country

Zip

Country

24 **33450**

25 **P**

29 **33450**

30

9. Name and Address of Current Registered Agent

**SAVAGE, LEON  
6625 WINDING LAKE DRIVE  
JUPITER FL 33458**

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

*Leon Savage*  
Signature typed or printed name of registered agent and the corporation

(NOTE: Registered Agent's signature required when re-registering)

DATE

**12 Mar 1996**

12. OFFICERS AND DIRECTORS

TITLE **DP** ☐ DELETE  
NAME **KRESS, DAVID I.**  
STREET ADDRESS **9049 CYPRESS HOLLOW DR.**  
CITY-ST-ZIP **PALM BEACH GRDNS FL**

TITLE **DST** ☐ DELETE  
NAME **SAVAGE, LEON**  
STREET ADDRESS **6625 WINDINGLAKE DR.**  
CITY-ST-ZIP **JUPITER FL**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-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)(4), 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:

*Leon Savage*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**12 Mar 96**

**662 626 2000**  
Daytime Phone #

CR2E034 (12/95)