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

PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # \$50307

(5)

STERLING FINE WINES & SPIRITS, INC.

Principal Place of Business Mailing Address

FILED Jun 05 1997 8:00am Secretary of State



9770 B. MILITARY TRAIL BOYNTON BEACH FL 33426		9770 S. MILITARY TRAIL BOYNTON BEACH FL 33436-3207			
				3. Date Incorporated or Qualified 05/07/1991	3a. Date of Last Report 05/01/1996
2. Principal Place of Business		2a, Mailing Address		4. FEI Number	Applied For
21		26		65-0264102	Not Applicable
Suite, Apt. #, etc.		Suite, Apl. #, etc.		5. Certificate of Status Desired \$8.75 Additional Fee Required	
City & Stat	θ	City & State		6. Election Campaign Financing	\$5.00 May Be
23	<u> </u>	28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	 This corporation has liability for it 	ntangible tax under s. 199.032,
24	25		0		Yes No
	g, Name and Address of Currer	nt Registered Agent		10. Name and Address of New Re	glatered Agent
	iner, Michael S		81 Name	CARL A. Cox 10 da 1	PAR A. CASCIO P.A.
% WEINER & MORICI, P.A.			82 Street	Address (P.O. Box Number is Not Acceptab	ile)
102 NORTH SWINTON AVENUE			6	39 E OCEAN AUG # 20	7
DE	RAY BEACH FL 33444		83		
	•		24 00		1001 7000
			84 City	BOYNTON BEMIX	FL 85 Zip Code 33 435
11. Pursuant office or r agent. I a	to the provisions of Sections 607.050 registered agent, or both, in the State im familiar with and accept the oblig	02 and 607.1508, Florida Statutes of Florida. Such change was au ations of, Section 607.0505, Flori	the above-named	corporation submits this statement for the population's board of directors. I hereby acceptances	urpose of changing its registered of the appointment as registered
SIGNATURE		<u></u>			4/241
	Signature, typed experitor name of registered ago		Hogistered Agent signature		DATE
12.	OFFICERS AN	D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	
TITLE	THEODIAN'T DOLAND	DELETE	1.1 TITLE		L Change L Addition
NAME	THERRIAULT, ROLAND		1.2 NAME		
STREET ADDRESS	9770 SO MILITARY TR		1.3 STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BCH FL 33438		1.4 CITY - ST - ZIP		
TITLE	VP	DELETE	21 TITLE		Change Addition
NAME	OHAMBERS, SUSAN	<i>A</i> `	22 NAME		
STREET ADDRESS	1140 OCEAN AVENUE		2.3 STREET ADDRESS		
CITY-\$1-ZIP	MANALAPAU FL		2. 4 City - St - ZIP		
TITLE	VP	DELETE	3.1 TITLE		Change Addition
NAME :	CHAMBERS, CONSTANTINE		3.2 NAME		}
STREET ADDRESS	1140 OCEAN AVENUE		3.3 STREET ADDRESS		
CITY-ST-ZIP	MANALAPAU FL		3.4. CITY - ST - ZIP		
TITLE		DELETÉ	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE	<u> </u>	DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS	-		5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-S1-ZIP		ĺ
TITLE		DELETE	6.1 TITLE		Change Addition
NAME		— <u>-</u>	6.2 NAME		
STREET ADDRESS					}
			6.3 STREET ADDRESS		
CITY-ST-ZIP	<u> </u>		6.4 CITY - ST - ZIP		

I do 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 eath; 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 18 if charged of on an attachment with an address.