FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 27 AM 9:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S53175** **(3)**

1. Corporation Name
K.T.'S LIQUORS, INC.

Principal Place of Business	Mailing Address
8297 SEMINOLE BLVD. SEMINOLE FL 34642 US	6290 92ND PL APT 3001 PINELLAS PARK FL 34666-4615 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **05/17/1991**
3a. Date of Last Report: **04/01/1994**

2. Principal Place of Business	2a. Mailing Address
21 627 SE 24TH ST	26 627 SE 24th ST
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 CAPE CORAL FL.	28 CAPE CORAL FL
24 Zip 33990 25 Country Lee	29 Zip 33990 30 Country Lee

4. FEI Number: **59-3065772** ☐ 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 G. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

ANTASEK, KAREN V
6290 92 PL N #3001
PINELLAS PARK FL 34666

10. Name and Address of New Registered Agent

81 Name: ANTASEK KAREN
82 Street Address (P.O. Box Number is Not Acceptable): 627 SE 24TH ST.
83 CAPE CORAL FL.
84 City: **FL** 85 Zip Code: 33990

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	PD	☒ Change ☐ Addition
NAME	ANTASEK, KAREN V	12 NAME	ANTASEK KAREN V	
STREET ADDRESS	6290 92 PL N #3001	13 STREET ADDRESS	627 SE 24TH ST	
CITY-ST-ZIP	PINELLAS PARK FL	14 CITY-ST-ZIP	CAPE CORAL FL. 33990	
TITLE	VP	21 TITLE	VP	☐ Change ☐ Addition
NAME	ANTASEK, TED	22 NAME	ANTASEK TED	
STREET ADDRESS	6290 92 PL N #3001	23 STREET ADDRESS	627 SE 24TH. ST.	
CITY-ST-ZIP	PINELLAS PARK FL	24 CITY-ST-ZIP	CAPE CORAL FL 33990	
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY-ST-ZIP		34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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)(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.

SIGNATURE: Karen V Antasek 4-25-95 (813) 458-1381
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER — Date — (Daytime Phone #)

0373140 CP