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 MAY -1 AM 8:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V40920** **(3)**

1. Corporation Name

NBC LIQUORS, INC.

Principal Place of Business	Mailing Address
9005 ADAMO DR TAMPA FL 33619	9005 ADAMO DR TAMPA FL 33619

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/01/1992**	3a. Date of Last Report: **06/28/1994**
4. FEI Number: **59-3126669**	☐ 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	

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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MORETTINI, FRANK J. 9005 ADAMO DR TAMPA FL 33619	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

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
101 TITLE	PST	111 TITLE	☐ Change ☐ Addition
102 NAME	MORETTINI, FRANK J.	112 NAME	
103 STREET ADDRESS	9005 ADAMO DR	113 STREET ADDRESS	
104 CITY ST ZIP	TAMPA FL	114 CITY ST ZIP	
201 TITLE	D	211 TITLE	☐ Change ☐ Addition
202 NAME	MORETTINI, FRANK J.	212 NAME	
203 STREET ADDRESS	9005 ADAMO DR	213 STREET ADDRESS	
204 CITY ST ZIP	TAMPA FL	214 CITY ST ZIP	
301 TITLE		311 TITLE	☐ Change ☐ Addition
302 NAME		312 NAME	
303 STREET ADDRESS		313 STREET ADDRESS	
304 CITY ST ZIP		314 CITY ST ZIP	
401 TITLE		411 TITLE	☐ Change ☐ Addition
402 NAME		412 NAME	
403 STREET ADDRESS		413 STREET ADDRESS	
404 CITY ST ZIP		414 CITY ST ZIP	
501 TITLE		511 TITLE	☐ Change ☐ Addition
502 NAME		512 NAME	
503 STREET ADDRESS		513 STREET ADDRESS	
504 CITY ST ZIP		514 CITY ST ZIP	
601 TITLE		611 TITLE	☐ Change ☐ Addition
602 NAME		612 NAME	
603 STREET ADDRESS		613 STREET ADDRESS	
604 CITY ST ZIP		614 CITY ST ZIP	

14. I/We hereby certify that the information supplied with this filing is voluntarily furnished and accurate and 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 above or on an attachment with an address.

SIGNATURE: Frank J. Morettini Pres. 4/17/95 .026 1548

SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Title — Telephone Number

0290635 CP