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

Mailing Address 9604 CORTEZ ROAD WEST

CHITE 227

PROFIT CORPORATION ANNUAL REPORT

Principal Place of Business

4902 N KINGS HIGHWAY



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## 1997 DOCUMENT # P95000061997 (9)

LAKEWOOD PARK LIQUORS & PUB, INC.

US		BRADENTON FL 34210-1808				3. Date Incorporated or Qualified	Sa. Da	ate of Last I	Report
				!		08/10/1995		15/1996	
2. Principal F	Place of Business	2a. Mailing Address				4. FEI Number		A	pplied For
21		26				65:0608854		N	lot Applicable
Suite, Apt.	#, etc	Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional Required
City & Stat	ce	City & State		·········		6. Election Campaign Financing Trust Fund Contribution			May Be I to Fees
Zıp	Country	Zip	Co	untry	,	B. This corporation has liability for i			s. 199.032,
4	25	29	30					] No	
9. Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent			
LON	ig, richard			81	Name				
9604 CORTEZ ROAD WEST				82	Street Addre	et Address (P.O. Box Number is Not Acceptable)			
227									
BRA	DENTON FL 34210			83					
				84	City		FL	<b>85</b> Zip	Code
agent 1 a	registered agent or boot, in the Stati am familiar with, and accept the oblig Signalie, spied or printed name of registered as	pations of, Section 607.0505, F	iorida Sta	itute	y the corporations. S.  ent signature require	on's board of directors. I hereby accept d when reinstaring)	DATE	Offitment at	s registereu
12.	OFFICERS AT	ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC	ERS AND	DIRECTO	RS IN 12
TITLE	D	DELETE	1.1 T	TLE				Change	
NAME	LONG, RICHARD L		1.2 N	IAME					
STREET ADDRESS	P.O. BOX 7222 N/A		1.3 S	TREET	ADORESS				
City - St - Zip	BRADENTON FL 34210		1.40	ITY-5	ST-ZIP				
TITLE		DELETE	2.1 T		·····			Change	Addition
NAME			2.2 N	AME					
STREET ADDRESS	ļ		2.3 \$	TREET	ADDRESS				
CITY - ST - ZIP			2.40	CITY-	ST-ZIP				
TITLE		DELETE	3.1 T	ITLE				Change	☐ Additio
NAME	ĺ		32 N	IAME					
STREET ADDRESS			33S	TAEET	ADDRESS				
City-St-ZP			34.8	OITY-:	ST-Z⊮P				

14. If do hereby certify that the information supplied with this filing 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 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 refuger or flustee 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.

4.1 TITLE 4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-\$T-ZIP

4.4 CITY - ST - ZIP

SIGNATURE:

THLE

NAME

TITLE

MAME

TITLE NAME

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPE OF FINITED NAME OF SIGNING OFFICER OR DIRECTOR

■ DELETE

DELETE

DELETE

30,97 941-792,9613

Change

Change

Change

Addition

\_\_\_ Addition

Addition

**FILED** 

Feb 05 1997 8:00am

Secretary of State