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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

1999

DOCUMENT # 386047

1. Corporation Name BIG DADDY'S LOUNGES, INC.

DIVISION OF CORPORATIONS

FILED May 19, 1999 8:00 am Secretary of State

05-19-1999 90002 001 *2,311.25

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Principal Place						1111 111 121 1	01811 <u>3</u> 3811 1381
	e of Business	Mailing Address			() DO (DO 15) DO 15) DO (() O O (14 41 611 616 11 41 6 11 4	\$1811 #1811 (# #)
2841 CYPRESS	CREEK RD.	2841 CYPRESS CREEK RD.					
FT. LAUDERDAL	LE FL 33309	FT. LAUDERDALE FL 33309			DO NOT WRITE IN THIS SPACE		
					Date Incorporated or Qualifed	IIS SPACE	
					07/29/1971		
0.04-1-10	lease of Business	2a. Mailing Address	.		4. FEI Number	Δn	plied For
⊢ ⊸ :	lace of Business	⊢ •			NOT APPLICABLE		ot Applicable
Suite, Apt.	# ata	Suite, Apt. #, etc.			NOT ATTLICABLE	\$8.75	
L	#, etc.	27			5. Certifcate of Status Desired	Fee Re	
City & State	Δ	City & State			6. Election Campaign Financing	\$5.00	May Re
23		28			Trust Fund Contribution	Added t	- 1
Zip	Country	Zip	Count	гу	8. This corporation owes the current year	Intangible	
24	25		30		Personal Property Tax.	☐ Yes	XNo
241	9. Name and Address of Current				10. Name and Address of New Registere	ed Agent	-
			8	1 Name			
KAS'	tner, jeffrey d		8	2 Street Add	dress (P.O. Box Number is Not Acceptable)		-
2841	CYPRESS CREEK ROAD		0	Z Sileet Aut	dress (F.O. Dox Number is Not Acceptable)		
FT. I	Lauderdale fl 33349		8	3			
			L	4 0"		os Zin (Codo
			8	4 City	F	L 85 Zip (Code
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statute	s, the abo	ve-named cor	poration submits this statement for the purpose	of changing its	registered
i office or r	egistered agent, or both, in the State of m familiar with, and accept the obligat	of Florida. Such change was au	itnorizea d	iv the corboral	tion's board of directors. I hereby accept the ap	pointment as re	egistered
agent. i a	m tamiliar with, and accept the obligat	uons or, section 607.0505, Flori	da Siatute				ļ
SIGNATURE							
0.0	Signature, typed or printed name of registered agent	t and title if applicable (NOTE: 6	Registered Ag	ent signature requi	red when reinstating) DATE		
12.	Signature, typed or printed name of registered agent OFFICERS ANI		Registered Ag	ent signature requi	red when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	ORS IN 12
						AND DIRECTO	ORS IN 12
12.	OFFICERS ANI	D DIRECTORS	13.				
12. TITLE NAME	OFFICERS ANI	D DIRECTORS	13. 1.1 TITLE 1.2 NAME				
12. TITLE NAME STREET ADDRESS	OFFICERS AND CDP FLANIGAN, JOSEPH G 2841 CYPRESS CREEK RD.	D DIRECTORS	13. 1.1 TITLE 1.2 NAME	EET ADDRESS			
12. TITLE NAME	OFFICERS AND CDP FLANIGAN, JOSEPH G 2841 CYPRESS CREEK RD. FT. LAUDERDALE FL 33309	D DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STRE	E ET ADDRESS -ST-ZIP			
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CITY-ST-ZIP 14. I 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 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: