

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P92000000711 (1)**

1. Corporation Name
T-ZERS LOUNGE, INC.



Principal Place of Business: **525 NORTH OCEAN BLVD. SUITE 518 POMPANO BEACH FL 33062**
Mailing Address: **525 NORTH OCEAN BLVD. SUITE 518 POMPANO BEACH FL 33062**

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, Apt. #, etc., City & State, Zip, and Country.

3. Date Incorporated or Qualified: **10/29/1992**
3a. Date of Last Report: **04/20/1995**
4. FEI Number: **65-0369384**
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

**GRAMENIDIS, DEAN
3001 W. COMMERCIAL BLVD.
FT. LAUDERDALE FL 33309**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code **FL**

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

Signature typed in printed letters and last name in all capital letters

Date Registered Agent signature required when registering

DATE

12. OFFICERS AND DIRECTORS

11.1 TITLE	D	<input type="checkbox"/> DELETE
11.2 NAME	GRAMENIDIS, MARY	
11.3 STREET ADDRESS	525 NORTH OCEAN BLVD.	
11.4 CITY-STATE-ZIP	POMPANO BEACH FL 33062	
11.5 TITLE	D	<input type="checkbox"/> DELETE
11.6 NAME	GRAMENIDIS, DEAN	
11.7 STREET ADDRESS	525 NORTH OCEAN BLVD.	
11.8 CITY-STATE-ZIP	POMPANO BEACH FL 33062	
11.9 TITLE		<input type="checkbox"/> DELETE
11.10 NAME		
11.11 STREET ADDRESS		
11.12 CITY-STATE-ZIP		
11.13 TITLE		<input type="checkbox"/> DELETE
11.14 NAME		
11.15 STREET ADDRESS		
11.16 CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.2 NAME		
12.3 STREET ADDRESS		
12.4 CITY-STATE-ZIP		
12.5 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12.6 NAME	JEFF CROFT	
12.7 STREET ADDRESS	2881 SW 73 AVE	
12.8 CITY-STATE-ZIP	DANIE, FL. 33311	
12.9 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.10 NAME		
12.11 STREET ADDRESS		
12.12 CITY-STATE-ZIP		
12.13 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.14 NAME		
12.15 STREET ADDRESS		
12.16 CITY-STATE-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)(k), 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: *Dean Gramenidis*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **Feb 5, 1996**
Date: _____
Digitized From #

CR2E034 (12/95)