## FILE NOW: FILING FEE AFTER MAY 1 IS \$550 00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT DE STATE

## Sandra B. Mortiam

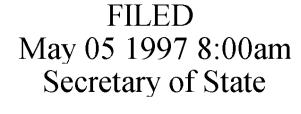
Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P9200000711 (1)

T-ZERS LOUNGE, INC.

Principal Place of Business

Mailing Address





| 525 NORTH OCEAN BLVD.<br>BUITE 518<br>POMPANO BEACH FL 33062   |   | 525 NORTH OCEAN BLVD.<br>SUITE 518<br>POMPANO BEACH FL 33062-4628 |                       |               |  |                                    |
|--|---|---|-----------------------|---------------|--|------------------------------------|
|  |   |   |                       |               | 3. Date Incorporated or Qualified 10/29/1992           | 3a. Date of Last Report 02/13/1996 |
|  | lace of Business                          | 2a. Mailing Address   | F1 "                  |               | 4. FEI Number  | Applied For                        |
| 21 Sulte, Apt.   | # 010                                     | 26  |                       | 65-0369384    | Not Applicable   |                                    |
| 22   |   | Suite, Apt. #, etc.   | 27                    |               | 5. Certificate of Status Desired                       | \$8.75 Additional Fee Required     |
| City & State   |   | City & State  |                       |               | 6. Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees        |
| Zip  | Country                                   | Zip   | Counti                | 'y            | 8. This corporation has liability for in               | ntangible tax under s. 199.032,    |
| 24   | 25  | 29 3  | 30                    |               |  | Yes 🛣 No                           |
| 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent  GRAMFNIDIS DEAN 81 Name  |   |   |                       |               |  |                                    |
| GRAMENIDIS, DEAN 3001 W. COMMERCIAL BLVD.  |   |   |                       | Name          |  |                                    |
|  | LAUDERDALE FL 33309                       |   | 8:                    |               | dress (P.O. Box Number is Not Acceptable               | e)                                 |
|  |   |   | 8:                    | 3             |  |                                    |
|  |   |   | 84                    | ,             |  | 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 Level of printed name of registered agent and tile if applicable. (NOTE Tropistered Agent signature required when revisating)  DATE.   |   |   |                       |               |  |                                    |
| 12.  |   | ID DIRECTORS  | 18.                   |               | ADDITIONS/CHANGES TO OFFICE                            | RS AND DIRECTORS IN 12             |
| TITLE  | D   | ☐ DELETE  | 1.1 TOLE              |               |  | Change Addition                    |
| NAME   | GRAMENIDIS, MARY                          |   | 1.2 NAME              |               |  | ;                                  |
| STREET ADDRESS   | 525 NORTH OCEAN BLVD.                     |   | 1.3 STREE             | T ADDRESS     |  | }                                  |
| CITY-ST-ZIP  | POMPANO BEACH FL 33062                    |   | 1.4 C/TY-             | ST-7IP        |  |                                    |
| TITLE  | D CHAMENIDIC DEAN                         | ☐ DELETE  | 21 TITLE              |               |  | L Change                           |
| ,NAME  | GRAMENIDIS, DEAN<br>525 NORTH OCEAN BLVD. |   | 2.2 NAME              |               |  |                                    |
| STREET ADDRESS   | POMPANO BEACH FL 33062                    |   |                       | 1 ADDRESS     |  |                                    |
| CITY-ST-ZIP<br>TITLE   | D DENOTITE SOUR                           | DELETE  | 2. 4 C(TY)            | - ST - 7(P    |  | Change                             |
| NAME   | CROFT, JEFF                               | La Decere   | 31 TITLE              |               |  | Change [ Addition                  |
| STREET ADDRESS   | 2881 SW 73RD AVE                          |   | 3.2 NAME              | 1             |  |                                    |
| CITY-ST-ZIP  | DAVIE FL                                  |   |                       | T ADDRESS     |  |                                    |
| TITLE  |   | DELETE  | 3.4 CITY<br>4.1 TITLE | · 21 · 51r    |  | Change Addition                    |
| NAME   |   |   | 4. 8. M               | :             |  |                                    |
| STREET ADDRESS   |   |   |                       | T ADDRESS     |  |                                    |
| CITY-ST-ZIP  |   |   | 44 O IV-              | j             |  |                                    |
| TITLE  |   | ☐ DELE1E  | 51 Tut                | 0. [.         |  | Change Addition                    |
| NAME   |   | •   | 5.2 N (M)             |               |  |                                    |
| STREET ADDRESS   |   |   |                       | T ADDRESS     |  |                                    |
| CITY-ST-ZIP  |   |   |                       | S1 - ZIP      |  |                                    |
| TITLE  |   | ☐ DE LE TE  | 6.1 T                 |               |  | Change Addition                    |
| NAME   |   |   | 6.2 f ME              |               |  |                                    |
| STREET ADDRESS   |   |   | 6.3 S                 | T ADDRESS     |  |                                    |
| CITY-ST-ZIP  |   |   |                       | S1 ZIP        |  |                                    |
| 14. I do hereb   | by certify that the information supplie   | d with this filing does not qualify                               | for the ex            | emption state | ed 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 I am an officer or director of the corporation or the receiver or trustee empowered to appears in Block 12 or Block 11 if changed, or on an attachment with an address.

exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the ocurate and that my signature shall have the same legal effect as if made under oath; that secute this report as required by Chapter 607, Florida Statutes; and that my name

Part (500 an en la (954)77)-867