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

Mailing Address

525 NORTH OCEAN BLVD.

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State

DIVISION OF CORPORATIONS

## DOCUMENT # P92000000711

Principal Place of Business 525 NORTH OCEAN BLVD.

T-ZERS LOUNGE, INC.

SUITE 518   POMPANO BEAG	CH EL 39062	POMPANO BEACH FL 33062			DO NOT WRITE IN THIS SPACE		
	m F	SAME			3. Date Incorporated or Qualifed 10/29/1992		
Principal Place of Business     2a. Mailing Address					4. FEI Number	✓ Ap	plied For
21 26					65-0369384	No	t Applicable
Suite, Apt. #, etc.         Suite, Apt. #, etc.           22         27           City & State         City & State					5. Certifcate of Status Desired   \$8.75 Additional Fee Required		
					6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees		
23		28	Countr				
Zip	Country 25	Zip 29 3	_	y 	<ol><li>This corporation owes the current year Personal Property Tax.</li></ol>	Yes	DAO.
SAME	9. Name and Address of Current	Registered Agent SAM	E		10. Name and Address of New Register	ed Agent	
CDAI	MENIDIO DEAN		8	Name			
GRAMENIDIS, DEAN 3001 W. COMMERCIAL BLVD. FT. LAUDERDALE FL 33309				82 Street Address (P.O. Box Number is Not Acceptable) 83			
			`  84	1		·L	Code
l office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and pogent the obligat	of Florida, Such change was aut iens of, Section 607.0505, Florid	norized bi la Statute	y tne corporati s	poration submits this statement for the purpose on's board of directors. I hereby accept the ap	of changing its pointment as re	registered gistered
SIGNATURE	Dean Kramen	W DEAN G	RAM	ENIDI	5 7/4	<i>×8/</i> 77	
Oldie (Total	Signature, typed or printed name of registered agent	and title if applicable. (NOTE. R	egistered Agi	ent signature require	ed when reinstating) DATE	AND DIDECTO	NDO 131 40
12.	OFFICERS AN		13.		ADDITIONS/CHANGES TO OFFICERS	Change	☐ Addition
TITLE	D	☐ DELETE	1.1 TITLE			☐ Change	[ ] Addition
NAME	GRAMENIDIS, MARY		1.2 NAME				
STREET ADDRESS			1.3 STREET ADDRESS				
CITY-ST-ZIP	POMPANO BEACH FL 33062		1.4 CITY-ST-ZIP			Change	☐ Addition
TITLE	D Same and the same	☐ DELETE	2.1 TITLE			L] Change	
NAME	GRAMENIDIS, DEAN		2.2 NAME				
STREET ADDRESS	525 NORTH OCEAN BLVD.			ET ADDRESS			
CITY-ST-ZIP	POMPANO BEACH FL 33062		2. 4 CITY-			[] Change	Addition
TITLE	<b>D</b> :	☐ DELETE	3.1 TITLE				☐ Accilion

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.

3.2 NAME

4.1 TITLE

4. 2 NAME

51 TITLE

52 NAME

6.1 TITLE

6.2 NAME

DELETE

DELETE

DELETE

3.3 STREET ADDRESS

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

3.4. CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CROFT, JEFF

DAVIE FL

2881 SW 73RD AVE

GRAMENIDIS

**FILED** 

May 06, 1999 8:00 am Secretary of State

05-06-1999 90204 005 \*\*\*150.00

☐ Change

Change

Change

☐ Addition

Addition

☐ Addition

CR2E034 (11/98)