

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.**  
**AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT CORPORATION ANNUAL REPORT 1995**



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

**FILED**  
 95 JUL 31 PM 12: 17  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**DOCUMENT # L85273 (5)**  
 1. Corporation Name  
**MOBAY LOUNGE, INC.**

Principal Place of Business Mailing Address  
**1104 NW 19TH AVE. 1104 NW 19TH AVE.**  
**FT. LAUDERDALE FL 33311 FT. LAUDERDALE FL 33311**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>07/05/1990</b>		3a. Date of Last Report <b>07/06/1994</b>	
4. FEI Number <b>65-0216467</b>		Applied For <input type="checkbox"/> Not Applicable	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22		2a. Mailing Address 26 Suite, Apt. #, etc. 27	
City & State 23 City & State 28		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip Country 24 Zip Country 25		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
Zip Country 29		30 7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>LYONS, HENRY</b> <b>1104 N.W. 19TH AVE.</b> <b>FT. LAUDERDALE FL 33311</b>				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				85 Zip Code <b>FL</b>			

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and their appropriate (PC/ST/ Registered Agent signature required when needed)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PT</b>	<b>LYONS, HENRY</b> <b>1104 N.W. 19TH AVE.</b> <b>FT. LAUDERDALE FL 33311</b>	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY - ST - ZIP		1.4 CITY - ST - ZIP	
TITLE <b>VS</b>	<b>LYONS, MARTHA</b> <b>1104 N.W. 19TH AVE.</b> <b>FT. LAUDERDALE FL 33311</b>	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - 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)(b), 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: Martina Lyons 7-25-95 305-767-6182  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Minimum Three 3)

CP2E034 (3/95)