

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 # 286191 (2)

1. Corporation Name

PARK LOUNGE AND PACKAGE STORE INC



Principal Place of Business

Mailing Address

8556 PARK BOULEVARD  
SEMINOLE FL 34647

8556 PARK BOULEVARD  
SEMINOLE FL 34647

3. Date Incorporated or Qualified  
01/10/1965

3a. Date of Last Report  
04/24/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number  
59-1061492

Applied For  
Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$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

10. Name and Address of New Registered Agent

MYERS, STANLEY  
9703 86TH AVE N  
SEMINOLE FL 34647

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D  
NAME MYERS, JOSEPH  
STREET ADDRESS 9703 86TH AVENUE NORTH  
CITY- ST- ZIP SEMINOLE FL

☐ DELETE

1.1 TITLE

☐ Change ☐ Addition

TITLE PD  
NAME MYERS, STANLEY  
STREET ADDRESS 9703 86TH AVE N  
CITY- ST- ZIP SEMINOLE, FL 00000

☐ DELETE

2.1 TITLE

☐ Change ☐ Addition

TITLE ST  
NAME MIODUSZEWSKI, JOHN  
STREET ADDRESS 8995 117TH ST N.  
CITY- ST- ZIP SEMINOLE FL

☐ DELETE

3.1 TITLE

☐ Change ☐ Addition

TITLE D  
NAME MIODUSZEWSKI, JOHN  
STREET ADDRESS 8995 117TH ST N.  
CITY- ST- ZIP SEMINOLE FL

☐ DELETE

4.1 TITLE

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

☐ DELETE

5.1 TITLE

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

☐ DELETE

6.1 TITLE

☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/96 397 7169  
Daytime Phone #

CR2E034 (12/95)