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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

	JMENT # 288694 ISIDE PACKAGE & LOUNGE		AND TO STATE OF THE STATE OF TH		ANN NAMANANAN ANN ANN ANN
Principal Place of Business Mailing Address					Order Broke Broke Broke Block Broke
1140 SOUTH FLORIDA AVE LAKELAND FL 33803 LAKELAND FL 33803-1308					
				3. Date Incorporated or Qualified 01/14/1965	3a. Date of Last Report 05/01/1996
	Place of Business	2a. Mailing Address		4. FEI Number 59-1086328	Applied For
21] Suite, Ap	ot #, etc	Suite, Apt. #, etc.			Not Applicable  \$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & St. 23	ate	City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for	intangible tax under s. 199.032,
24	25	29 30	<u> </u>		PYes No
Til	<ol> <li>Name and Address of Curre CKER, HENRY E.</li> </ol>	nt degistered Agent	81 Name	10. Name and Address of New Re	Statetan wildetir
	40 S. FLA AVE.		82 Street Add	ress (P.O. Box Number is Not Acceptal	bla
2318 COVENTRY AVE				ress (F.O. Box Number is not Acceptal	Diej
LAI	KELAND FL 33803		83	·	
			84 City	<u></u>	FL 85 Zip Code
11. Pursuar office of agent. I SIGNATURE			the above-named corp horized by the corporal da Statutes. legistered Agent signature réqui	poration submits this statement for the patient's board of directors. I hereby acce	ourpose of changing its registered pt the appointment as registered
12.		D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	
TITLE	STD	☐ DELETE	1.1 TITLE		Change Addition
NAME	TUCKER, J.G.		1.2 NAME		
STREET ADDRESS	S 2408 COVENTRY AVENUE LAKELAND FL		13 STREET ADDRESS		
CITY - S1 - ZIP TITLE	PD	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		Change Addition
NAVE	TUCKER, H.E.	<del></del>	2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		·
Crt v - ST - ZiP	LAKELAND, FL 00000		2. 4 CITY-ST-ZIP		
TITLE	VD TUCKED CA	☐ DELETE	3.1 TITLE		Change
NAME CLOCKL AND DEC	TUCKER, C.A. S 2318 COVENTRY AVE		3.2 NAME		
STREET ADDRESS  CITY ST. ZIP	LAKELAND FL.		3.3 STREET ADDRESS 3.4. City-St-Zip		
†iiL€	VD	☐ DELETE	4.1 TITLE		Change Addition
NAM:	TUCKER, JH		4. 2 NAME		
STHEET ADDRES			4.3 STREET ADDRESS		
CHY-ST-ZIP	LAKELANE FL	T APIETT	4.4 CITY-ST-ZIP	······································	Chara Lazer
TITLE		DELETE	5.1 TITLE		Change Addition
NAME STREET ADDRES	s l		5.2 NAME 5.3 STREET ADDRESS		
CITY - ST - ZIP	N .		5.4 CITY-ST-ZIP		
III(E		DELETE	6.1 TITLE		Change Addition
NAME		<del></del>	6.2 NAME		······································
STREET ADDRES	s		6.3 STREET ADDRESS		

14. I do 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 o

64 CITY-ST-ZIP

SIGNATURE:

**FILED** 

May 08 1997 8:00am

Secretary of State