

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 # 335266 (3)

1. Corporation Name

LESTER'S BAR, INC.



Principal Place of Business

823 NORTH FEDERAL HIGHWAY
FT LAUDERDALE FL 33304

Mailing Address

823 NORTH FEDERAL HIGHWAY
FT LAUDERDALE FL 33304

3. Date Incorporated or Qualified
09/19/1968

3a. Date of Last Report
06/09/1995

2. Principal Place of Business

2a. Mailing Address

21 4440 NE 25th Avenue
Suite, Apt. #, etc.

26 4440 NE 25th Avenue
Suite, Apt. #, etc.

4. FEI Number

59-1219962

Applied For
Not Applicable

22 City & State

27 City & State

23 Lighthouse Point, FL

28 Lighthouse Point, FL

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

24 33064

25 USA

29 33064

30 USA

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

ANDERSEN, THOMAS E.
823 N FEDERAL HWY
FORT LAUDERDALE FL 33304

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 state if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PSD
NAME ANDERSEN, THOMAS E
STREET ADDRESS 4440 NE 25 AVE.
CITY-ST-ZIP LIGHTHOUSE POINT FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE
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CITY-ST-ZIP

SIGNATURE: Thomas E. Andersen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/7/96 (954) 785-5905

Date Daytime Phone #

CR2E034 (12/95)