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Apr 22 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 431927 (3)
1. Corporation Name
THE SOUTHLAND LOUNGE, INC.

Principal Place of Business
4879 HIGHWAY 17 SOUTH
GREEN COVE SPRINGS FL 32043
US

Mailing Address
4879 HIGHWAY 17 SOUTH
GREEN COVE SPRINGS FL 32043-8140
US

3. Date Incorporated or Qualified 08/01/1973
3a. Date of Last Report 04/23/1996
4. FEI Number 59-1572885
5. Certificate of Status Desired X \$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 X Yes No

2. Principal Place of Business
2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip
24 Country 29 Country

9. Name and Address of Current Registered Agent

KING, DAVID A.
ATTORNEY AT LAW
1416 KINGSLEY AVENUE
ORANGE PARK, 32073

10. Name and Address of New Registered Agent

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	DPT	1.1 TITLE	
NAME	CHRISTIE, JAMES D.	1.2 NAME	
STREET ADDRESS	4879 HIGHWAY 17 S.	1.3 STREET ADDRESS	
CITY-ST-ZIP	GREEN COVE SPGS FL	1.4 CITY-ST-ZIP	
TITLE	DV	2.1 TITLE	
NAME	ETHEL M. CHRISTIE	2.2 NAME	
STREET ADDRESS	4879 HIGHWAY 17 S.	2.3 STREET ADDRESS	
CITY-ST-ZIP	GREEN COVE SPGS FL	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	
NAME	GLATKOWSKI, LAURIE D.	3.2 NAME	
STREET ADDRESS	1510 SPRUCE STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	GREEN COVE SPRINGS FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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 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.

SIGNATURE:

James D. Christie
James D. Christie, President

Date

Daytime Phone #

CR2E034 (9/96)