

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 432179

(0)

1. Corporation Name

JIMMY'S LOUNGE, INC.



Principal Place of Business

Mailing Address

**10972 SW 6 ST
MIAMI FL 33174**

**10972 SW 6 ST
MIAMI FL 33174**

2. Principal Place of Business

2a. Mailing Address

21 737 SW 109TH AVE

26 737 SW 109TH AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 Miami FL

28 Miami FL

Zip

Country

Zip

Country

24 33174

25 0

29 33174

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

08/06/1973

3a. Date of Last Report

02/24/1995

4. FEI Number

59-1481230

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

10. Name and Address of New Registered Agent

**WOOD, ELDA
10972 S.W. 6TH STREET
MIAMI FL 33174**

81. Name

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

737 SW 109TH AVE

83.

84. City

MIAMI

FL

85. Zip Code

33174

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 the filer, etc.)

(Date) Registered Agent Signature (typed or printed name)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PSD	☐ DELETE
NAME	WOOD, ELDA	
STREET ADDRESS	10972 S.W. 6TH STREET	
CITY- ST- ZIP	MIAMI FL 33174	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	☒ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	737 SW 109TH AVE
4. CITY- ST- ZIP	MIAMI FL 33155
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY- ST- ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY- ST- ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY- ST- ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. 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)(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:

Elida Wood

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-20-96

SG 3-22-96

CR2E034 (12/95)