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

NAME

STREET ADDRESS

SIGNATURE

CITY-ST-ZIP

FILED May 04 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 **DIVISION OF CORPORATIONS** DOCUMENT # **(O)** 658955 MOREY'S LOUNGE, INC. Mailing Address Principal Place of Business 2022 N. FEDERAL HWY. 2022 N. FEDERAL HWY. **BOYNTON BEACH FL 33435 BOYNTON BEACH FL 33435** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/12/1980 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 59-1225692 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Country Zip Country Zip 8. This corporation owes or has paid the current year Intangible 24 30 Personal Property Tax due June 30. ☐ Yes 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name ELBLONK, IRA C/O IRA ELBLONK & ASSOC., INC. Street Address (P.O. Box Number is Not Acceptable) 1030 LAKE AVE., STE. "C" 83 **LAKE WORTH FL 33460** 84 City Zip Code 85 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) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. TITLE **PSTD** DELETE 1.1 TITLE Change Addition NAME MCCLURE, JOANNE P 1.2 NAME 2022 N. FEDERAL HWY. STREET ADDRESS 1.3 STREET ADDRESS **BOYNTON BEACH FL 33435** 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 2.1 TITLE Change Addition TITLE NAME MCCLURE, JOANNE P 2.2 NAME STREET ADDRESS 2022 N. FEDERAL HWY. 2.3 STREET ADORESS CITY-ST-ZIP **BOYNTON BEACH FL 33435** 2. 4 CITY-ST-ZIP DELETE Addition Change TITLE 3.1 TITLE MCCLURE, TREESA NAME 3.2 NAME STREET ADDRESS 2022 N. FEDERAL HWY. 3.3 STREET ADDRESS **BOYNTON BEACH FL 33435** CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE __ Addition TITLE 4.1 TITLE SHARER, KEVIN 4 2 NAME NAME 2022 N. FEDERAL HWY. STREET ADDRESS 4.3 STREET ADDRESS **BOYNTON BEACH FL 33435** CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition TITLE 6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling 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.