

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **685351**

(9)

1. Corporation Name

JOHNNYS LOUNGE INC

Principal Place of Business

**409 NORTH FEDERAL HIGHWAY
HALLANDALE FL 33009**

Mailing Address

**409 NORTH FEDERAL HIGHWAY
HALLANDALE FL 33009**



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

25

Country

29

Zip

30

Country

3. Date Incorporated or Qualified
08/26/1980

3a. Date of Last Report
04/11/1995

4. FEI Number
59-0720419

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

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 607.0506, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applying

Note: Registered Agent Signature is required when changing

DATE

12. OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CANN, JOHN W.		1.2 NAME	
STREET ADDRESS	710 N. 28TH AVENUE		1.3 STREET ADDRESS	
CITY - ST - ZIP	HOLLYWOOD FL		1.4 CITY - ST - ZIP	
TITLE	VD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CANN, JOHN, JR.		2.2 NAME	
STREET ADDRESS	710 N. 28TH AVENUE		2.3 STREET ADDRESS	
CITY - ST - ZIP	HOLLYWOOD FL		2.4 CITY - ST - ZIP	
TITLE	STD	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CANN, MICHAEL		3.2 NAME	
STREET ADDRESS	710 N. 28TH AVENUE		3.3 STREET ADDRESS	
CITY - ST - ZIP	HOLLYWOOD FL		3.4 CITY - ST - ZIP	
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY - ST - ZIP			4.4 CITY - ST - ZIP	
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY - ST - ZIP			5.4 CITY - ST - ZIP	
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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: *John W. Cann* John W. Cann

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-96

954-458-9064

Date Filing #

CR2E034 (12/95)