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

**PROFIT CORPORATION** 



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

## **ANNUAL REPORT** Secretary of State 1997 DIVISION OF CORPORATIONS DOCUMENT # F9400005507 (8)

## **FILED** May 15 1997 8:00am Secretary of State

| HOWL-AT-THE-MOON-MIAMI, INC.                             |                                                                                                                              |                                                                                                |                                            |                      |                                                         |                                                                                         | B)                     |                                                |                             |
|----------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|--------------------------------------------|----------------------|---------------------------------------------------------|-----------------------------------------------------------------------------------------|------------------------|------------------------------------------------|-----------------------------|
| Principal Place<br>3015 GRAND A'<br>MIAMI FL 33128<br>US | VE                                                                                                                           | Mailing Address 212 GREENUP STREET COVINGTON KY 41011-1720 US                                  |                                            |                      |                                                         |                                                                                         |                        |                                                |                             |
|                                                          |                                                                                                                              | ••                                                                                             |                                            |                      |                                                         | 3. Date Incorporated or Qualified 10/24/1994                                            | 1                      | ate of Last R<br><b>22/1996</b>                | eport                       |
| 2. Principal P                                           | lace of Business                                                                                                             | 2a. Mailing Address                                                                            |                                            |                      | 4. FEI Number                                           |                                                                                         | [ Ap                   | oplied For                                     |                             |
| 21                                                       |                                                                                                                              | 26                                                                                             |                                            |                      | 61-1265357                                              |                                                                                         | No                     | ot Applicable                                  |                             |
| Sulte, Apt.                                              | #, etc.                                                                                                                      | Suite, Apt. #, etc.                                                                            |                                            |                      | 5. Certificate of Status Desired                        |                                                                                         | \$8.75                 | •                                              |                             |
| City & State                                             |                                                                                                                              | City & State                                                                                   |                                            |                      |                                                         |                                                                                         | <del></del>            | equired                                        |                             |
| — ·                                                      | 8                                                                                                                            |                                                                                                |                                            |                      | Election Campaign Financing     Trust Fund Contribution |                                                                                         | \$5.00<br>Added t      |                                                |                             |
| Zip Country                                              |                                                                                                                              | Zip Country                                                                                    |                                            |                      |                                                         |                                                                                         |                        |                                                |                             |
| 24                                                       | 25                                                                                                                           | 29                                                                                             | ¬ '                                        |                      |                                                         | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes |                        |                                                |                             |
|                                                          | 9. Name and Address of Curren                                                                                                |                                                                                                |                                            |                      |                                                         | 10. Name and Address of New Reg                                                         | -                      | Agent                                          |                             |
| MORRIS, SUSAN                                            |                                                                                                                              |                                                                                                |                                            |                      | Name                                                    |                                                                                         |                        |                                                |                             |
| 118 E. JEFFERSON STREET                                  |                                                                                                                              |                                                                                                | ŀ                                          | 82                   | Street Addre                                            | Address (P.O. Box Number is Not Acceptable)                                             |                        |                                                |                             |
| ORL                                                      | ANDO FL 32801                                                                                                                |                                                                                                |                                            |                      |                                                         |                                                                                         |                        |                                                |                             |
|                                                          |                                                                                                                              |                                                                                                |                                            | 83                   |                                                         |                                                                                         |                        |                                                |                             |
|                                                          |                                                                                                                              |                                                                                                | ŀ                                          | 84                   | City                                                    |                                                                                         |                        | 85 Zip (                                       | Code                        |
|                                                          |                                                                                                                              |                                                                                                |                                            |                      | L                                                       |                                                                                         | FL                     | • <u>                                     </u> |                             |
| office or re<br>agent. I a                               | to the provisions of Sections 607.050<br>egistered agent, or both, in the State<br>m familiar with, and accept the obliga    | 2 and 607.1508, Florida Statu<br>of Florida. Such change was<br>ations of, Section 607.0505, F | ites, the ab<br>authorized<br>Iorida Stati | oove<br>d by<br>utes | e-named corporations.  the corporations.                | oration submits this statement for the p<br>on's board of directors. I hereby accep     | urpose o<br>t the app  | t changing it<br>sointment as                  | is registered<br>registered |
| SIGNATURE                                                |                                                                                                                              |                                                                                                |                                            |                      |                                                         |                                                                                         |                        |                                                |                             |
| 12.                                                      | Signature, typed or printed name of registered ago<br>OFFICERS ANI                                                           |                                                                                                | II Registered                              | Age                  | int signature require                                   | ad when reinstating) ADDITIONS/CHANGES TO OFFIC                                         | DATE<br>EDC ANI        | 1 DIDECTOR                                     | 20 INL 10                   |
| TITLE                                                    | PD                                                                                                                           | DELLIE                                                                                         | 1,1 1411                                   |                      |                                                         | ADDITIONS/CHANGES TO OFFIC                                                              | ENS AIVI               | Change                                         | Addition                    |
| NAME                                                     | BERNSTEIN, JAMES M                                                                                                           |                                                                                                | 1.2 NAM                                    |                      |                                                         |                                                                                         |                        |                                                |                             |
| STREET ADDRESS                                           | AAR HADIOON DOAD                                                                                                             |                                                                                                |                                            |                      | ADDRESS                                                 |                                                                                         |                        |                                                |                             |
| CITY-ST-ZIP                                              | ONIONINATI OLI                                                                                                               |                                                                                                |                                            |                      | 1-2IP                                                   |                                                                                         |                        |                                                |                             |
| TITLE                                                    | ST                                                                                                                           | DELETE 2.1                                                                                     |                                            |                      |                                                         |                                                                                         |                        | Change                                         | Addition                    |
| NAME                                                     | HAUGLAND, ROBERT C                                                                                                           |                                                                                                | 2.2 NAME                                   |                      |                                                         |                                                                                         |                        |                                                |                             |
| STREET ADDRESS                                           | 212 GREENUP STREET                                                                                                           |                                                                                                | 2.3 \$1                                    | 2.3 STREET ADDRE     |                                                         |                                                                                         |                        |                                                |                             |
| CITY-ST-ZIP                                              | COVINGTON KY                                                                                                                 |                                                                                                | . 2.4 CHY-ST-ZIP                           |                      | ST-ZIP                                                  |                                                                                         |                        |                                                |                             |
| TITLE                                                    | DELETE                                                                                                                       |                                                                                                |                                            | LE                   |                                                         |                                                                                         |                        | Change                                         | Addition                    |
| NAME                                                     |                                                                                                                              |                                                                                                | 3.2 NA                                     | ME                   |                                                         |                                                                                         |                        |                                                |                             |
| STREET ADDRESS                                           |                                                                                                                              |                                                                                                | 3.3 \$1                                    | REET                 | ADDRESS                                                 |                                                                                         |                        |                                                |                             |
| CITY-ST-ZIP                                              |                                                                                                                              |                                                                                                |                                            | 3.4. C(1) - S1 - Z(P |                                                         |                                                                                         |                        |                                                |                             |
| TITLE                                                    |                                                                                                                              | ☐ DELETE                                                                                       | , 4.1 T(T                                  |                      |                                                         |                                                                                         |                        | L Change                                       | L Addition                  |
| NAME                                                     |                                                                                                                              |                                                                                                | 4.2 N/                                     |                      |                                                         |                                                                                         |                        |                                                |                             |
| STREET ADDRESS                                           |                                                                                                                              |                                                                                                |                                            |                      | ADDRESS                                                 |                                                                                         |                        |                                                |                             |
| CITY-ST-ZIP<br>TITLE                                     |                                                                                                                              | DELETE                                                                                         | 4,4 C(1<br>5,1 T(1                         |                      | T-ZIP                                                   |                                                                                         |                        | Change                                         | Addition                    |
| NAME                                                     |                                                                                                                              | E Deceit                                                                                       | 5.2 NA                                     |                      |                                                         |                                                                                         |                        | Change                                         | El Modifori                 |
| STREET ADDRESS                                           |                                                                                                                              |                                                                                                |                                            |                      | ADDRESS                                                 |                                                                                         |                        |                                                |                             |
| CITY-ST-ZIP                                              |                                                                                                                              |                                                                                                |                                            |                      |                                                         |                                                                                         |                        |                                                |                             |
| TITLE                                                    |                                                                                                                              | ☐ DELETE                                                                                       | 5.4 CHY-1<br>6.1 THILE                     |                      | 1 - 211                                                 |                                                                                         |                        | Change                                         | Addition                    |
| NAME                                                     | ¥                                                                                                                            | _                                                                                              | 6.2 NA                                     |                      |                                                         |                                                                                         |                        |                                                |                             |
| STREET ADDRESS                                           | <i>i</i>                                                                                                                     |                                                                                                |                                            |                      | ADDRESS                                                 |                                                                                         |                        |                                                |                             |
| CITY-ST-ZIP                                              | - M                                                                                                                          |                                                                                                | G.4 C(1                                    |                      |                                                         |                                                                                         |                        |                                                |                             |
| 14. I do herel                                           | by certify that the information supplied                                                                                     | with this filing does not qual                                                                 | ify for the                                | oxe                  | motion stated                                           | in Section 119.07(3)(i), Florida Statutes                                               | . I furthe             | r certify that                                 | the                         |
| informatio<br>I am an of<br>appears i                    | ri indicated on this annual report or s<br>fficer or director of the corporation or<br>n Block 12 or Block 13 if changed, or | the receiver or trustee emport on an attachment with an ad-                                    | wered to e<br>dress.                       | XêC                  | rate and that t<br>oute this report                     | my signature shall have the same legal<br>Las required by Chapter 607, Florida S        | ellect a<br>fatules; a | s if rilage und<br>ind that my r               | uer bath; Thát<br>narne     |