

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

**APPROVED
AND
FILED**

SE MAY -1 AM 4:22

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Morhart Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # J33861 (2)

1. Corporation Name
DISC JOCKEY ENTERTAINMENT, INC.

Principal Place of Business % JOHN A. WEYRICK 2852 W. HARWOOD AVE ORLANDO FL 32805	Mailing Address % JOHN A. WEYRICK 2852 W. HARWOOD AVE ORLANDO FL 32805
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/18/1986	3a. Date of Last Report 05/01/1994
4. FEI Number 59-2727596	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 Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business 21	2a. Mailing Address 25
22	27
23	28
24	29

9. Name and Address of Current Registered Agent

WEYRICK, JOHN A.
2852 W HARWOOD AVE.
ORLANDO FL 32805

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

FL

11. Pursuant to the provisions of Sections 605.01 and 605.02, Florida Statutes, this above named corporation submits this statement for the purpose of changing its registered office or registered agent to that in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept this appointment as registered agent. I am familiar with and accept this appointment as Section 605.02, Florida Statutes.

SIGNATURE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS	
OFFICER	PVT	OFFICER	☐ Change ☐ Addition
NAME	WEYRICK, JOHN A.	NAME	
STREET ADDRESS	2852 W. HARWOOD AVE	STREET ADDRESS	
CITY	ORLANDO FL	CITY	
STATE		STATE	
ZIP		ZIP	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY		CITY	
STATE		STATE	
ZIP		ZIP	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY		CITY	
STATE		STATE	
ZIP		ZIP	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY		CITY	
STATE		STATE	
ZIP		ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and is true, and qualify for the exemption stated in Section 605.01, Florida Statutes. I further certify that the information included on this annual report is true and correct and that the corporation shall have the same as public information. I am a director or officer of this corporation or the owner or holder empowered to execute this report as required by Chapter 605, Florida Statutes, and that my name appears in Block 12 of this filing, or on an attachment with an address.

SIGNATURE: *John A. Weyrick* **John A. WEYRICK** **4/26/95** **4107** **219-3717**

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
PRESIDENT

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CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # J34861 (1)
1. Corporation Number
BAYSIDE RESTAURANT SERVICE INC.

Principal Place of Business 2050 PRINCETON ST SARASOTA FL 34237-3424	Mailing Address 2050 PRINCETON ST SARASOTA FL 34237-3424
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/24/1986	3a. Date of Last Report 05/01/1994
21. State, Apt. # etc.	26. State, Apt. # etc.	4. FET Number 59-2727157		Applied For Not Applicable	
22. City & State	27. City & State	5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
23. City & State	28. City & State	6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
24. City & State	25. City & State	29. City & State		30. City & State	
7. City & State		8. City & State		9. City & State	

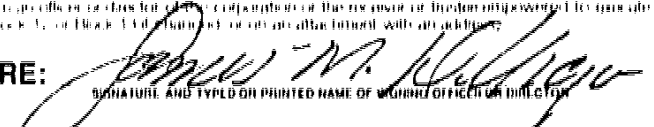
9. Name and Address of Current Registered Agent DEUNGER, JAMES M. 2050 PRINCETON ST SARASOTA FL 34237				10. Name and Address of New Registered Agent	
				81. Name	
				82. Street Address (P.O. Box Number is Not Acceptable)	
				83.	
				84. City	FL 85. Zip Code

11. Pursuant to the provisions of Sections 607.06(2) 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 Sections 607.06(2) Florida Statutes.

SIGNATURE _____
I, _____, Secretary of the Corporation, certify that the above named agent is qualified to accept service of process in the State of Florida.

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. NAME DP DEUNGER, JAMES M. 2046 PRINCETON ST. SARASOTA FL		1. NAME	☐ Change ☐ Addition
2. NAME		2. NAME	☐ Change ☐ Addition
3. NAME		3. NAME	☐ Change ☐ Addition
4. NAME		4. NAME	☐ Change ☐ Addition
5. NAME		5. NAME	☐ Change ☐ Addition
6. NAME		6. NAME	☐ Change ☐ Addition
7. NAME		7. NAME	☐ Change ☐ Addition
8. NAME		8. NAME	☐ Change ☐ Addition
9. NAME		9. NAME	☐ Change ☐ Addition
10. NAME		10. NAME	☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 493.07(1)(b) Florida Statutes. I further certify that the information included 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 liquidator empowered to give this report as required by Chapter 493, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report or on an attachment with an address.

SIGNATURE:  **4/21/95** **013/366-0476**
SIGNATURE AND TYPED OR PRINTED NAME OF MEMBER OFFICER OR DIRECTOR