FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 FEB -9 PM 1:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J38372 (5)

1. Corporation Name

ATLANTIC SPORTS BAR, INC.

Principal Place of Business	Mailing Address
~~% BRIAN C DEUSCHLE~~ ~~888 SE 3RD AVE., SUITE 300~~ ~~FT LAUDERDALE FL 33316~~	~~% BRIAN C DEUSCHLE~~ ~~888 SE 3RD AVE., SUITE 300~~ ~~FT LAUDERDALE FL 33316~~

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/14/1986
3a. Date of Last Report: 02/10/1994

2. Principal Place of Business
21: 635 E ATLANTIC BLVD
Suite, Apt. #, etc.
22: POMPANO Beb FLA
City & State
23: 33060
Zip: 24
Country: 25 BROWARD

2a. Mailing Address
26:
Suite, Apt. #, etc.
27:
City & State
28:
Zip: 29
Country: 30

4. FEI Number: 59-2727967 ☐ 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

9. Name and Address of Current Registered Agent

~~DEUSCHLE, BRIAN C.~~
~~888 SE 3RD AVE., SUITE 300~~
~~FT LAUDERDALE FL 33316~~

10. Name and Address of New Registered Agent

91 Name: Rafaela K. Twist
92 Street Address (P.O. Box Number is Not Acceptable): 2751 NE 7th Terr.
93:
94 City: Pompano Beach FL 95 Zip Code: 33064

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: Patrick J. Galuppi PATRICK J. GALUPPI 1-18-95
Signature, title or capacity of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	GALUPPI, PATRICK J.	1.2 NAME	
STREET ADDRESS	1838 SW 6 CT	1.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	1.4 CITY-ST-ZIP	
TITLE	ST	2.1 TITLE	☐ Change ☐ Addition
NAME	GALUPPI, LAURA	2.2 NAME	
STREET ADDRESS	1838 SW 6 CT	2.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	2.4 CITY-ST-ZIP	
TITLE	VP	3.1 TITLE	☐ Change ☐ Addition
NAME	TWIST, RAFAELA K	3.2 NAME	
STREET ADDRESS	2751 NE 7TH TERR	3.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ 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)(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.

SIGNATURE: Patrick J. Galuppi PATRICK J. GALUPPI 1-18-95 305-942-6164
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0224469 CP