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 MAY -1 AM 7:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L42490** **(7)**

1. Corporation Name
FLY INN SPORTS LOUNGE, INC.

Principal Place of Business	Mailing Address
5901 SO RIDGEWOOD AVE HARBOR OAKS FL 32127 US	5901 SO RIDGEWOOD AVE HARBOR OAKS FL 32127 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **01/16/1990**
3a. Date of Last Report: **02/28/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26

Suite, Apt. # etc. — 22 / 27

City & State — 23 / 28

24 / 25 / 29 / 30

4. FEI Number: **59-2986030** ☐ 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 activity for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

MILLER, JONATHAN P
2550 PIONEER TRL
NEW SMYRNA BCH FL 32168

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 607.0505, Florida Statutes.

SIGNATURE: Samantha M Miller — Samantha M Miller — May 1, 1995
(Registered Agent signature required for change) (Registered Agent typed or printed name required) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
1 TITLE	PD	1 TITLE	☐ Change ☐ Addition
1 NAME	MILLER, JONATHAN P	1 NAME	
1 STREET ADDRESS	2550 PIONEER TRL	1 STREET ADDRESS	
1 CITY ST ZIP	NEW SMYRNA BCH FL	1 CITY ST ZIP	
2 TITLE	VST	2 TITLE	☐ Change ☐ Addition
2 NAME	MILLER, SAMANTHA M	2 NAME	
2 STREET ADDRESS	2550 PIONEER TRL	2 STREET ADDRESS	
2 CITY ST ZIP	NEW SMYRNA BCH FL	2 CITY ST ZIP	
3 TITLE		3 TITLE	☐ Change ☑ Addition
3 NAME		3 NAME	V Sandra L Bracey
3 STREET ADDRESS		3 STREET ADDRESS	2550 Pioneer Trail
3 CITY ST ZIP		3 CITY ST ZIP	New Smyrna Bch FL 32168
4 TITLE		4 TITLE	☐ Change ☐ Addition
4 NAME		4 NAME	
4 STREET ADDRESS		4 STREET ADDRESS	
4 CITY ST ZIP		4 CITY ST ZIP	
5 TITLE		5 TITLE	☐ Change ☐ Addition
5 NAME		5 NAME	
5 STREET ADDRESS		5 STREET ADDRESS	
5 CITY ST ZIP		5 CITY ST ZIP	
6 TITLE		6 TITLE	☐ Change ☐ Addition
6 NAME		6 NAME	
6 STREET ADDRESS		6 STREET ADDRESS	
6 CITY ST ZIP		6 CITY ST ZIP	

14. To the best of my knowledge, the information supplied with this 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 with an address.

SIGNATURE: Samantha M Miller — Samantha M Miller — 5-1-95 — (904) 788-1595
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

000L961 CP