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FILED

May 09 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # L42490

(7)

1. Corporation Name

FLY INN SPORTS LOUNGE, INC.

Principal Place of Business

5901 SO RIDGEWOOD AVE
HARBOR OAKS FL 32127
US

Mailing Address

5901 SO RIDGEWOOD AVE
HARBOR OAKS FL 32127-6801
US



3. Date Incorporated or Qualified

01/16/1990

3a. Date of Last Report

05/01/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

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 liability 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

Samantha M Miller

82

Street Address (P.O. Box Number is Not Acceptable)

3960 Willow Trail Run Unit L-45

83

84

City

Port Orange

FL

85

Zip Code

32127

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 President 4-27-97

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MILLER, JONATHAN P	
STREET ADDRESS	2550 PIONEER TRL	
CITY-ST-ZIP	NEW SMYRNA BCH FL	
TITLE	VST	<input type="checkbox"/> DELETE
NAME	MILLER, SAMANTHA M	
STREET ADDRESS	2550 PIONEER TRL	
CITY-ST-ZIP	NEW SMYRNA BCH FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BRACEY, SANDRA L	
STREET ADDRESS	2550 PIONEER TRAIL	
CITY-ST-ZIP	NEW SMYRNA BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Samantha M Miller	
1.3 STREET ADDRESS	3960 Willow Trail Run Unit L-45	
1.4 CITY-ST-ZIP	Port Orange FL 32127	
2.1 TITLE	VST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Sandra L Bracey	
2.3 STREET ADDRESS	2550 Pioneer Trail	
2.4 CITY-ST-ZIP	New Smyrna Bch FL 32168	
3.1 TITLE	Jonathan P Miller	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	V	
3.3 STREET ADDRESS	2550 Pioneer Trail	
3.4 CITY-ST-ZIP	New Smyrna Bch FL 32168	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing 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:

Samantha M Miller President 4-27-97 904) 788-1595

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)