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CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED

95 APR -7 AM 4:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L46265** **(9)**

1. Corporation Name
NEW RIVER SALOON, INC.

Principal Place of Business	Mailing Address
10 S NEW RIVER DR E FT. LAUDERDALE FL 33301	10 S NEW RIVER DR E FT. LAUDERDALE FL 33301

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/30/1990
3a. Date of Last Report: 04/13/1994

2. Principal Place of Business	2a. Mailing Address
21 2325 SE 18TH ST	26 2325 SE 18TH ST
Suite, Apt. #, etc 22 B	Suite, Apt. #, etc 27 B
City & State 23 FT Laud. Fl	City & State 28 FT Laud Fl
Zip 24 33316	Country 25 BROW
Zip 29 33316	Country 30 BROW

4. FEI Number: 65-0171128 ☐ 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	10. Name and Address of New Registered Agent
MULLEN, JOSEPH P., PA 2419 E COMMERCIAL BLVD. 302 FT. LAUDERDALE FL 33308	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when updating)

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE D NAME WHOOLEY, JOHN STREET ADDRESS 10 S NEW RIVER DR E CITY-ST-ZIP FT. LAUDERDALE FL	11 TITLE P ☒ Change ☐ Addition 12 NAME BONA, SUSAN WHOOLEY 13 STREET ADDRESS 2325 SE 18TH ST. 14 CITY-ST-ZIP FT LAUD., FL.
TITLE D NAME BROWN, DONALD P STREET ADDRESS 10 S NEW RIVER DR E CITY-ST-ZIP FT LAUDERDALE FL	21 TITLE P ☐ Change ☒ Addition 22 NAME BONA, C. William 23 STREET ADDRESS 2325 SE 18TH ST 24 CITY-ST-ZIP FT LAUD. FL.
TITLE D NAME BONA, SUSAN WHOOLEY STREET ADDRESS 10 S NEW RIVER DR E CITY-ST-ZIP FT LAUDERDALE FL	31 TITLE ☐ Change ☐ Addition 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	41 TITLE ☐ Change ☐ Addition 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	51 TITLE ☐ Change ☐ Addition 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	61 TITLE ☐ Change ☐ Addition 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP

14. I/We 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: Susan Whooley Bona
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR
SUSAN WHOOLEY BONA

Date _____ Telephone Number _____

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