

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 11 2:43

RECEIVED
TALLAHASSEE, FLORIDA

DOCUMENT # **L74939** (4)
AUGIE'S PUB, INC.

Principal Office Address: **7021 HIMES AVE. TAMPA FL 33614**
Mailing Address: **7021 HIMES AVE. TAMPA FL 33614**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Subject 05/21/1990	3a. Date of Last Report 04/08/1994
4. FFI Number 59-3015136	Approved For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Office Address	2a. Mailing Address
21. Subd. Apt. # etc.	26. Subd. Apt. # etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent BAHRENFUS, SUSAN 7021 NORTH HIMES AVENUE TAMPA FL 33614	10. Name and Address of New Registered Agent 81. Name SMITTY SMITH 82. Street Address (P.O. Box Number is Not Acceptable) 3802 EHRlich ROAD, SUITE 210 83. 84. City TAMPA FL 85. Zip Code 33624
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11. I, the undersigned, do hereby certify that the information furnished with this filing is substantially true and correct and that the information is true and correct and that my signature shall have the same legal effect as if made under oath. I am a director of the corporation and I am authorized by the board of directors to execute this report as required by Chapter 407, Florida Statutes. *Susan Bahrenfus* 4/20/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 1995	
NAME P BAHRENFUS, SUSAN	STREET ADDRESS 15145 NIGHTHAWK DRIVE TAMPA FL	1. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME ST BAHRENFUS, SUSAN	STREET ADDRESS 15145 NIGHTHAWK DRIVE TAMPA FL	2. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STREET ADDRESS	3. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STREET ADDRESS	4. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STREET ADDRESS	5. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STREET ADDRESS	6. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	

14. I, the undersigned, do hereby certify that the information supplied with this filing is substantially true and correct and that the information is true and correct 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 407, Florida Statutes, and that my name appears on Block 12 of Block 13 if changed or on any attachment with an address.

SIGNATURE: *Susan Bahrenfus* **SUSAN BAHRENFUS** 4-20-95 813-935-3849