

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

PROFIT
CORPORATION
ANNUAL REPORT

1996



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

DOCUMENT # M12021 (5)

1. Corporation Name

DANIA BEACH HOTEL LOUNGE & BAR, INC.



Principal Place of Business

Mailing Address

C/O JEFFREY M. PERLOW
1820 E. HALLANDALE BEACH BLVD.
HALLANDALE FL 33009

C/O JEFFREY M. PERLOW
1820 E. HALLANDALE BEACH BLVD.
HALLANDALE FL 33009

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29 30

9. Name and Address of Current Registered Agent

PERLOW, JEFFREY M.
1820 E. HALLANDALE BEACH BLVD.
HALLANDALE FL 33009

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 607.0102 and 607.1505, 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

Signature of the person making the change (if the corporation is a corporation, the signature of the president or officer authorized to make the change)

Signature of the person making the change (if the corporation is a corporation, the signature of the president or officer authorized to make the change)

Date

12. OFFICERS AND DIRECTORS

TITLE	P	[] DELETE
NAME	CHRISTY, JACK F.	
STREET ADDRESS	180 E. DANIA BCH. BLVD.	
CITY-STATE-ZIP	DANIA FL	
TITLE	V	[] DELETE
NAME	CHRISTY, BONNEIGH M.	
STREET ADDRESS	180 E. DANIA BCH. BLVD.	
CITY-STATE-ZIP	DANIA FL	
TITLE	ST	[] DELETE
NAME	CHRISTY, SUSAN	
STREET ADDRESS	180 E. DANIA BCH. BLVD.	
CITY-STATE-ZIP	DANIA FL	
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13.

1.1 TITLE	[] Change [] Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	
2.1 TITLE	[] Change [] Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	[] Change [] Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	[] Change [] Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	[] Change [] Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	[] Change [] Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

J. C. H. 1577

4-25-96 1-954-922226
Dated: _____

CR2E034 (12/95)