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 APR 20 AM 9:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P92000000711 (1)**

1. Corporation Name

T-ZERS LOUNGE, INC.

Principal Place of Business	Mailing Address
525 NORTH OCEAN BLVD. SUITE 518 POMPANO BEACH FL 33062	525 NORTH OCEAN BLVD. SUITE 518 POMPANO BEACH FL 33062

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/29/1992	3a. Date of Last Report: 03/24/1994
4. FEI Number: 65-0369384	☐ 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
9. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No	

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) / Country (25)	Zip (29) / City (30)

8. Name and Address of Current Registered Agent

GRAMENIDIS, DEAN
3001 W. COMMERCIAL BLVD.
FT. LAUDERDALE FL 33309

10. Name and Address of New Registered Agent

91 Name

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

93

94 City **FL** 95 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 reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.T	☐ Change ☐ Addition
NAME	GRAMENIDIS, MARY	1.2N	
STREET ADDRESS	525 NORTH OCEAN BLVD.	1.3ST ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL 33062	1.4CITY-ST-ZIP	
TITLE	D	2.1	☐ Change ☐ Addition
NAME	GRAMENIDIS, DEAN	2.2	
STREET ADDRESS	525 NORTH OCEAN BLVD.	2.3ST ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL 33062	2.4CITY-ST-ZIP	
TITLE		3.1	☐ Change ☐ Addition
NAME		3.2	
STREET ADDRESS		3.3ST ADDRESS	
CITY-ST-ZIP		3.4CITY-ST-ZIP	
TITLE		4.1	☐ Change ☐ Addition
NAME		4.2	
STREET ADDRESS		4.3ST ADDRESS	
CITY-ST-ZIP		4.4CITY-ST-ZIP	
TITLE		5.1	☐ Change ☐ Addition
NAME		5.2	
STREET ADDRESS		5.3ST ADDRESS	
CITY-ST-ZIP		5.4CITY-ST-ZIP	
TITLE		6.1T	☐ Change ☐ Addition
NAME		6.2N	
STREET ADDRESS		6.3ST ADDRESS	
CITY-ST-ZIP		6.4CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and do 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: Dean Gramenidis 4/15/95 (305) 357-4038
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0104A06 CP