

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1996.
AMOUNT DUE ON OR BEFORE 8/9/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

19958-4-95

B-8085

DISCLOSURE OF CORPORATIONS

C

DOCUMENT # P93000015936 (6)

1. Corporation Name

ANGEL'S LOUNGE, INC.

FILED

1995 AUG -4 AM 9:18

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

4502 S. DALE MABRY HWY.
TAMPA FL 33611

Mailing Address

4502 S. DALE MABRY HWY.
TAMPA FL 33611

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

03/02/1993

3a. Date of Last Report

11/23/1994

4. FBI Number

59-3176718

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

7. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

Zip

30

9. Name and Address of Current Registered Agent

ADLER, BRUCE
3603 E. TAMPA CIRCLE
TAMPA FL 33629

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	ADLER, BRUCE
STREET ADDRESS	3603 E. TAMPA CIRCLE
CITY - ST - ZIP	TAMPA FL 33629
TITLE	VP
NAME	GLT, WALTER
STREET ADDRESS	5301 W. CLEVELAND STREET
CITY - ST - ZIP	TAMPA FL 33609
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRES	Change ☐ Addition ☒
1.2 NAME	John Kucik	
1.3 STREET ADDRESS	4502 S. DALE MABRY HWY	
1.4 CITY - ST - ZIP	TAMPA, FL, 33611	
2.1 TITLE		Change ☐ Addition ☐
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		Change ☐ Addition ☐
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		Change ☐ Addition ☐
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		Change ☐ Addition ☐
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		Change ☐ 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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(a), 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

John G. Kucik

Date

Daytime Phone

7/31/95 (813)

839-5437