

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000015936

1. Corporation Name

ANGEL'S LOUNGE, INC.

Principal Place of Business

4502 S. DALE MABRY HWY.
TAMPA FL 33611

Mailing Address

4502 S. DALE MABRY HWY.
TAMPA FL 33611

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90024 011 ***150.00

08-03-1999 90002 014 *****8.75



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/02/1993

4. FEI 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

8. This corporation owes the current year
Intangible Personal Property. ☐ Yes ☐ No

2. Principal Place of Business

21 4502 S. Dale Mabry

Suite, Apt. #, etc.

22

City & State

23 TAMPA, FL

Zip

24 33611

Country

25 USA

2a. Mailing Address

26 1547 S. Dale Mabry

Suite, Apt. #, etc.

27

City & State

28 TAMPA, FL 33629

Zip

29 33629

Country

30 USA

9. Name and Address of Current Registered Agent

KUCIK, JOHN

4502 S DALE MABRY HWY
TAMPA FL 33611

10. Name and Address of New Registered Agent

81 Name

MARIA DUGARTE

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

1547 S. DALE MABRY HWY

83

84 City

TAMPA

FL

85 Zip Code

33629

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

7-5-99

12. OFFICERS AND DIRECTORS

TITLE P ☒ DELETE

NAME KUCIK, JOHN

STREET ADDRESS 4502 S DALE MABRY HWY

CITY-ST-ZIP TAMPA FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT ☒ Change ☐ Addition

1.2 NAME

MARIA DUGARTE

1.3 STREET ADDRESS

4502 S. Dale Mabry Hwy

1.4 CITY-ST-ZIP

TAMPA, FL 33629

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/5/99 (83) 251-5235

Date

Daytime Phone #

CR2E034 (5/99)

0066898