

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

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Murray,
Secretary of State
Tallahassee, Florida 32399-0001

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

DOCUMENT # P93000021167 (0)

95 MAY -1 AM 10:17

COUNTRY TAVERN, INC.

Principal Office Address: 3904 DAVIE BLVD. FORT LAUDERDALE FL 33317
Mailing Address: 3904 DAVIE BLVD. FORT LAUDERDALE FL 33317

(DO NOT WRITE IN THIS SPACE)

1. Date incorporated or qualified 03/16/1993		3a. Date of Last Report 05/01/1994	
2. Principal Office of Business 21		2a. Mailing Address 26	
3. State: April # etc. 22		3b. State: April # etc. 27	
4. FFL Number 65-0397787		Applied 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. 199.03? Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
24. Zip	25. Country	28. Zip	30. Country

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
LEE, FRANK R JR. 3904 DAVIE BLVD. FT. LAUDERDALE FL 33317		b1. Name	
		b2. Street Address (P.O. Box Number is Not Acceptable)	
		b3.	
		b4. City	b5. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits the 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 607.0503, Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN '95	
1. NAME D SPIESS, ALBERTA	1. NAME	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
2. STREET ADDRESS 316 NE 141 STREET N. MIAMI FL 33161	2. STREET ADDRESS		
3. CITY, ST, ZIP	3. CITY, ST, ZIP		
4. NAME PD LEE, FRANK R	4. NAME	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
5. STREET ADDRESS 3904 DAVIE BLVD. FT. LAUDERDALE FL 33317	5. STREET ADDRESS		
6. CITY, ST, ZIP	6. CITY, ST, ZIP		
7. NAME	7. NAME	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
8. STREET ADDRESS	8. STREET ADDRESS		
9. CITY, ST, ZIP	9. CITY, ST, ZIP		
10. NAME	10. NAME	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
11. STREET ADDRESS	11. STREET ADDRESS		
12. CITY, ST, ZIP	12. CITY, ST, ZIP		
13. NAME	13. NAME	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
14. STREET ADDRESS	14. STREET ADDRESS		
15. CITY, ST, ZIP	15. CITY, ST, ZIP		

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption provided by Section 119.07(1)(g), 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. I am an officer or director of this corporation or the person or person empowered to receive this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 1, 2 or 13 of this report, or on an attachment with an address.

SIGNATURE: Frank R Lee
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

REMITTED BY MAY 1
4/28/95 305-587-5407