


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

FILED  
Jul 02 1998 8:00am  
Secretary of State

CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P93000041617 (0)					
1. Corporation Name INTERNATIONAL NIGHTCLUB CORPORATION					
Principal Place of Business 333 TAMiami TRAIL NORTH STE. 204 SARASOTA FL 34236 US			Mailing Address 333 TAMiami TRAIL NORTH STE. 204 SARASOTA FL 34236 US		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		06/14/1993	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		3a. Date of Last Report	
22		27		04/26/1997	
City & State		City & State		4. FEI Number	
23		28		65-0429459	
Zip		Zip		Applied For	
24		29		Not Applicable	
Country		Country		5. Certificate of Status Desired	
25		30		<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
Country		Country		6. Election Campaign Financing	
26		31		Trust Fund Contribution	
Country		Country		<input type="checkbox"/> \$5.00 May Be Added to Fees	
27		32		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	
28		33		<input type="checkbox"/> Yes <input type="checkbox"/> No	
29		34		9. Name and Address of Current Registered Agent	
30		35		10. Name and Address of New Registered Agent	
31		36		81 Name	
32		37		82 Street Address (P.O. Box Number is Not Acceptable)	
33		38		83	
34		39		84 City	
35		40		85 Zip Code	
36		41		FL	
37		42		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.	
38		43		SIGNATURE	
39		44		Signature, typed or printed name of registered agent and title if applicable	
40		45		(NOTE: Registered Agent signature required when reinstating)	
41		46		DATE	
42		47		12. OFFICERS AND DIRECTORS	
43		48		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
44		49		1.1 TITLE	
45		50		1.2 NAME	
46		51		1.3 STREET ADDRESS	
47		52		1.4 CITY-ST-ZIP	
48		53		2.1 TITLE	
49		54		2.2 NAME	
50		55		2.3 STREET ADDRESS	
51		56		2.4 CITY-ST-ZIP	
52		57		3.1 TITLE	
53		58		3.2 NAME	
54		59		3.3 STREET ADDRESS	
55		60		3.4 CITY-ST-ZIP	
56		61		4.1 TITLE	
57		62		4.2 NAME	
58		63		4.3 STREET ADDRESS	
59		64		4.4 CITY-ST-ZIP	
60		65		5.1 TITLE	
61		66		5.2 NAME	
62		67		5.3 STREET ADDRESS	
63		68		5.4 CITY-ST-ZIP	
64		69		6.1 TITLE	
65		70		6.2 NAME	
66		71		6.3 STREET ADDRESS	
67		72		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 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: *Y. Lanoue* Y. LANOUE *June 1/98* 946 954-2008

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #