NOTICE: CORPORATION WILL BE DISSOLVED ON [illegible]
MUST BE DULY ON OR BEFORE (05/30/02) (5:00) IF DISSOLVED, MINIMUM AMOUNT DUE TO REINST

PROFIT CORPORATION ANNUAL REPORT

2002

FLORIDA DEPARTMENT C
Sandra B. Mortha
Secretary of State
DIVISION OF CORPORA

FILED
Apr 17, 2002 8:00 am
Secretary of State
04-17-2002 90164 021 ***158.75

DOCUMENT # P93000041617 (0)

1. Corporation Name
INTERNATIONAL NIGHTCLUB CORPORATION

Principal Place of Business	Mailing Address
204 Sarasota Quay SARASOTA FL 34236 US	204 Sarasota Quay SARASOTA FL 34236 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	
21	26 204 SARASOTA Quay	06/14/1993	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number	Ap No
22	27 SARASOTA FL	65-0429459	
City & State	City & State	5. Certificate of Status Desired ☑	$8.75 Fee Re
23	28	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 Added
Zip / Country	Zip / Country	8. This corporation owes or has paid the current year in	
24 / 25	29 34236 / 30 USA	Personal Property Tax due June 30. ☐ Yes	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ICARD, MERRILL, CULLIS, TIMM, FUREN AND GINSBURG, P.A. ((	81 Name
2033 MAIN ST., SUITE 600	82 Street Address (P.O. Box Number is Not Acceptable)
SARASOTA FL	83
	84 City FL 85 Zip

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 r 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 r 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 DIRECT	
TITLE	D ☐ DELETE	1.1 TITLE	☐ Change
NAME	LANOUE, YVES	1.2 NAME	
STREET ADDRESS	1617 KEELY LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34232	1.4 CITY-ST-ZIP	
TITLE	☐ DELETE	2.1 TITLE	☐ Change
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Chang
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Chang
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Chan
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Chan
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 i 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: t 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 nam in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ April 9, 2002
SIGNATURE OF OFFICER OR DIRECTOR Date