FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



LUORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

P93000073101 (6)

SMITH BROTHERS LOUNGE CORPORATION

FILED Apr 21 1998 8:00am Secretary of State

Principal Place of Business Mailing Address 2651 N. FEDERAL HIGHWAY 3700 COCONUT CREEK PARKWAY FT. LAUDERDALE FL 33306 COCONUT CREE FL 33066-1616 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/15/1993 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 21 Not Applicable 65-0443031 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country Country 8. This corporation owes or has paid the current year Intangible 24 25 29 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 **BUTO, LAWRENCE J II** 8424 SHADOW CT. 82 Street Address (P.O. Box Number is Not Acceptable) **CORAL SPRINGS FL 33071** 83 84 City 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, typed or ponted name of registered agent and title if applicable (NOTE flegistered Agent's gnature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Addition Change TITLE 1.1 11111 **BUTO, LAWRENCE J II** NAME 1.2 NAME 8424 SHADOW CT. STREET ADDRESS 1.3 STREET ADDRESS **CORAL SPRINGS FL 33071** 1.4 CITY - ST - ZIP CITY-ST-ZIF DELETE Change TITLE 2.1 111LF Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP TITLE DELETE 4.1 TO LE Change Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY+ST-ZIP 4.4 CITY - ST-ZIP DELETE Change Addition TITLE 5.1 TIME NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY- ST- ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CHTY - ST - ZIP

14. Thereby 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 ropor is supplemental annual roport is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the properation 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 examples, or on an attaching of with an address.

Thunka Kit I Like (00) 070 0