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Feb 18 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000079031 (9)

1. Corporation Name

TONIGHTS FEATURE OF FLORIDA 2, INC.



Principal Place of Business

1300 CORAL RIDGE DR
CORAL SPGS FL 33071
US

Mailing Address

1300 CORAL RIDGE DR
CORAL SPGS FL 33071-5419
US

3. Date Incorporated or Qualified
11/16/1993

3a. Date of Last Report
04/17/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

2a. Mailing Address

26 5120 SW 195 TERR.

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

33332

30

US

9. Name and Address of Current Registered Agent

BREITKREUZ, STEVEN J
1830 NOB HILL RD
PLANTATION FL 33322

10. Name and Address of New Registered Agent

81

Name

Breithkreuz, Steven J

82

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

5120 SW 195 Terrace

83

84

City

Fort Lauderdale

FL

85

Zip Code

33332

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

2-12-97

12. OFFICERS AND DIRECTORS

TITLE DP
NAME BREITKREUZ, STEVEN J
STREET ADDRESS 5120 SW 195 TERR
CITY-ST-ZIP FT LAUDERDALE FL

DELETE

TITLE DC
NAME JONES, JOHN D
STREET ADDRESS 4600 NW 8TH DRIVE
CITY-ST-ZIP PLANTATION FL

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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

2-12-97

Date

(954) 680-8549

Daytime Phone #

CR2E034 (9/96)