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CORPORATION ANNUAL REPORT



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

1996

SIGNATURE:

DOCUMENT #

P93000085118 (6)

Corporation Name SMITH BROTHERS LOUNGE CORPORATION II Principal Place of Business Mailing Address 381 W PROSPECT RD 3700 COCONUT CREEK PARKWAY FT LAUDERDALE FL 33309 COCONUT CREEK FL 33066-1616 US 3. Date Incorporated or Qualified 3a. Date of Last Report 12/09/1993 04/25/1995 2. Principal Place of Business 4. FEI Number 2a. Mailino Address Applied For 65-0460047 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired \Box 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Ζıρ Country Country This corporation has liability for intangible tax under s 199.032, ☐ Yes ☐ No Florida Statutes 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 **BUTO, LAWRENCE J** Street Address (P.O. Box Number is Not Acceptable) 3700 COCONUT CREEK PARKWAY **COCONUT CREEK FL 33066 B3** 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE CR2E034 (12/95) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. PD DELETE 1 1 TITLE Change Addition THILE **BUTO, LAWRENCE J** NAME 12 NAME 4200 NW 101 DRIVE STREET ADDRESS 1.3 STREET ADDRESS **CORAL SPRINGS FL** CITY-ST-ZiP 1.4 CITY-ST-ZIP DELETE Change ☐ Addition THILE 2 1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-7IP 24 CITY-ST-ZIP DELETE Change TITLE 3 1 TITLE Addition 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3 4 CITY - ST - ZIP CITY-S1-7IP DELETE 4 1 TITLE Change TITLE 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 TITLE NAMÉ 5.2 NAME 5 3 STREET ADDRESS STREET ADDRESS 5.4 City-St-ZiP CITY - ST - ZIP TITLE □ DEFELE 6 1 TITLE Change Addition NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 64 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 comparation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name oath; that I am an officer or director appears in Block 12 or Block 13 if a

achment with an address

AWRING J. Buto 4/11/96