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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

May 06 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

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CITY-ST-ZiF

Lam an officer or director of the coga appears in Block 12 or Block 13 if o

DOCUMENT # P93000085118 (6)

SMITH BROTHERS LOUNGE CORPORATION II

Principal Plac	e of Business	Mailing Address	····		
361 W PROSPECT RD FT LAUDERDALE FL 33309 US		3700 COCONUT CREEK COCONUT CREEK FL 3X US			
					3. Date Incorporated or Qualified 3a. Date of Last Report 12/09/1993 04/17/1996
2. Principal P	Place of Business	2a. Mailing Address			4, FEI Number Applied For
21		26			65-0460047 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		·····	Certificate of Status Desired See Required Fee Required
City & Stat	e	City & State		* .	6. Election Campaign Financing \$5.00 May Be
23	Country	28	Cour	ntr.	Trust Fund Contribution Added to Fees
24	25	29	30	,	This corporation has liability for intangible tax under s. 199.032, Florida Statutes
	g. Name and Address of Curren	1=-1	1901		10. Name and Address of New Registered Agent
RIT	O, LAWRENCE J			B1 Name	~ ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
	O COCONUT CREEK PARKWAY			82 Street	t Address (P.O. Box Number is Not Acceptable)
	CONUT CREEK FL 33066				
				83	
		•	ŀ	84 City	FL 85 Zip Code
44 Purcuant	to the produce of Sections 607 050	2 and 607 1508 Florida Stat	irtes the ah	ove-named	d corporation submits this statement for the purpose of changing its registered
office or r	egistered agent, or both, in the State	of Florida Such change was	authorized	by the cor	rporation's board of directors. I hereby accept the appointment as registered
	in tarollar with, and accept the charge	UCASAL SECTION 607.0505, I	riorida Stati	леѕ.	11/2 alan
SIGNATURE	Squary , typed or printed name of registered age	nt and title if applicable (N	OTE: Registered	Agent signature	re required when re-instating) DATE
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
Title	PD	DELETE	1.1 (()	LE	PD Change Addition
NAME	BUTO, LAWRENCE J		1.2 NA	ME	BUTO, LAWRENCE J. II 8424 SHADOW CT.
STREET ADDRESS	4200 NW 101 DRIVE		1.3 STF	REET ADDRESS	8424 SHADOW CT.
0:15 - ST - ZIP	CORAL SPRINGS FL		1:4 CfT	Y-ST-ZIP	CORAL SPRINGS FL. 3307/
TITLE		☐ DELETE	2.1 TIT	LE	Change Addition
NAME:			2.2 NA	ME	·
STREET ADDRESS			2,3 STF	REET ADDRESS	
CHY- \$1 - 26°			2 4 CI	TY-ST-ZIP	
TITLE		☐ DELETE	3.1 TIT	LE	Change Addition
NAME			3 2 NA	ME	
STREET ADDRESS			3.3 \$ TF	IEET ADDRESS	
CHY-S1-ZiP				IÝ-ST-ZIP	
1111.6		☐ DELETE	4.1 111	LE	Change Addition
NAME			4. 2 NA		
STREET ADDRESS			4.3 STF	REET ADDRESS	5
City+St-7iP				Y-ST-ZIP	
TI'LE		DELETE	5 1 TIT		☐ Change ☐ Addition
NAME:			5.2 NA		
STREET ADDRESS			5.3 STF	HEET ADDRESS	
CITY - ST - ZIP				Y-ST-ZIP	
THUE		☐ DEL€TE	6.1 TIT	ĻĒ	☐ Change ☐ Addition
NAME.			6.2 NAI	ME	
STREET ADDRESS			6.3 STF	REET ADDRESS	.)

Churen SIGNATURE:

Lattachment with an ad

64 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 of 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 cooperation of the report of the cooperation of the cooperation of the report as required by Chapter 607, Florida Statutes; and that my name