May 07, 1999 8:00 am Secretary of State

05-07-1999 90165 038 ***150.00

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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000085118

1. Corporation Name

Principal Place of Business

SMITH BROTHERS LOUNGE CORPORATION II

381 W PROSPECT RD FT LAUDERDALE FL 33309		3700 COCONUT CREEK PARKWAY COCONUT CREEK FL 33066-1616					DO NOT WRI	TE IN THIS	20ACS	:		
us		U\$					Date Incorporated or Qualifed 12/09/1993	12 11 1110	<u> </u>	<u> </u>		
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number				App	lied For	
21		26				65-0460047				Not Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. (Certificate of Status Desired		\$8.75 Additional Fee Required			
City & State		City & State				6. Efection Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees						
Zip 24	Country Zip Cou 25 29 30			,	0. 11110 component content c						□No	
	9. Name and Address of Curre	\\-	Ш.			10.	Name and Address of New I	Registered A	gent			
			81	Na	ame						Ì	
BUTO, LAWRENCE J 3700 COCONUT CREEK PARKWAY			82	Sti	reet Addres	ss (P.	O. Box Number is Not Accept	able)				
coc	ONUT CREEK FL 33066		83								İ	
			84	Ci	ty			FL	85	Zip C	ode	
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 age		•	nt sign:	ature required w		instating) DDITIONS/CHANGES TO OF	DATE	n DIBI	CTO	99 IN 12	
12.		ND DIRECTORS	13.			A	DDITIONS/CHANGES TO OF	FICERS ANI	Cha		Addition	
TITLE NAME	PD BUTO, LAWRENCE J III	C) Deterip	1.2 NAME						_	•	_	
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CITY-ST-ZIP				1.4 CITY-ST-ZIP]	
TITLE	OOF TE OF THINGS TE	☐ DELETE	2.1 TITLE						Ch:	ange	☐ Addition	
NAME		'	2.2 NAME		1						Ì	
STREET ADDRESS			2.3 STREET	T ADD#	RESS						i	
CITY-ST-ZIP			2.4 CITY-S	ST-ZIP	,							
TITLE		☐ DELETE	3.1 TITLE						Ch:	ange	☐ Addition	
NAME	•		3.2 NAME		}						. }	
STREET ADDRESS			3.3 STREET	T ADDI	RESS							
CITY-ST-ZIP		[] DELETE	3.4. CITY-S	ST-ZIP	<u>'</u>				Ch.	2000	Addition	
TITLE		☐ DELETE	4.1 TITLE							ange	☐ Addition	
NAME			4.2 NAME		nras l						1	
STREET ADDRESS			4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		RESS							
CITY-ST-ZIP		☐ DELETE	5.1 TITLE	1-ZIP					Ch	ange	☐ Addition	
NAME			5.2 NAME									
STREET ADDRESS			5.3 STREET	T ADDI	RESS						}	
CITY-ST-ZIP			5.4 CITY-S	T-ZIP]	
TITLE		☐ DELETE	6.1 TITLE						Ch	ange	☐ Addition	
NAME			6.2 NAME		Ì						Ì	
STREET ADDRESS			6.3 STREET	TADDI	RESS						Ì	

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

OFFICER OR DIRECTOR

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 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, with all other like empowered.