SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) FLORIDA DEPARTMENT OF STATE PROFIT Sandra B. Mortham CORPORATION ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 DOCUMENT # P94000023253 (5) EMO'S SPORTS BAR & GRILL, INC. Mailing Address Principal Place of Business 115 STARCREST DRIVE 115 STARCREST DRIVE CLEARWATER FL 34625 **CLEARWATER FL 34625** 3a. Date of Last Report 3. Date Incorporated or Qualified 04/25/1995 03/22/1994 Applied For 4. FEI Number 2a. Mailing Address 2. Principal Place of Business Not Applicable 59-3240169 26 \$8.75 Additional 21 Suite, Apt #, etc Certificate of Status Desired Fee Required Suite, Apt. #, etc. 27 22 \$5.00 May Be 6. Election Campaign Financing City & State City & State Added to Fees Trust Fund Contribution 28 8. This corporation has liability for intangible tax under s 199 032 23 Country Zio Country Yes No Zip Florida Statutes 30 29 25 10. Name and Address of New Registered Agent 24 9. Name and Address of Current Registered Agent 61 Name MCFARLAND, DONALD O Street Address (P.O. Box Number is Not Acceptable) 311 S. MISSOURI AVENUE **CLEARWATER FL 34616** 83 85 Zip Cade 84 City Fl 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of Section 607,0505. Florida Statutes. (NOTE: Registered Agent's greature required when rehability) SIGNATURE Signature typed or printed curse of registered lagent and tree if appearance ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. OFFICERS AND DIRECTORS Change Addition 12. DELETE 1.1 1151.6 D TITLE 1.2 NAME TZEKAS, IMER NAME 13 STREET ADDRESS 115 STARCREST DRIVE STREET ADDRESS 1.4 City - ST-ZIF **CLEARWATER FL 34625** Change Addition CITY - ST - ZIP DELFTE 2 1 TITLE TITLE 2.2 NAME NAME 2 3 STREET ADDRESS STREET ADDRESS 2 4 CITY - ST - 7/P Change Addition CITY - ST - ZIP DELETE 31 THLE TITLE 3.2 NAME NAME 3 3 STREET ADDRESS STREET ADDRESS 3.4 CHY-ST ZIP Change Addition City-St-ZIP DELETE 4.1 TILLE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4 4 C+TY - ST - ZIP Change Addition CITY - ST - ZIP DELETE 5.1 TITLE TITLE NAME 5.3 STREET ADDRESS STREET ADDRESS 5 4 CiTY - ST - ZIP Change Addition CITY-ST-ZIP DELETE 6 1 TITLE TITLE 6.2 NAME 63 STREET ADDRESS STREET ADDRESS 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 office or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 22 or Block 13 if changes for on an attachment with an address

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