SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000039611 (6) APPROVED

97 JUL 30 PM 12: 34 SECRETARY OF STATE TALLAHASSEE, FLORIDA

BAR &	STOOL EMPORIUM, I	NC.			
Principal Pla	ace of Business	Mailing Address			DEFI BOJOB 11240 10110 04401 EFODE HEET 1001
2335-2337 NORTHEAST 26 STREET 2335-2337 NORTHEAST 26 FORT LAUDERDALE FL 33305 FORT LAUDERDALE FL 33				İ	
FORT LAUDI	eruale fl 33305	FORT LAUDERDALE FL S	13305	DO NOT WRITE	E IN THIS SPACE
				3. Date Incorporated or Qualified	3a. Date of Last Report
				05/26/1994	05/01/1996
2. Principal	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0492985	Not Applicable
Sulte, Apt. #, etc. Suite, A		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27			Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28	T	Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has p	A
24	25]	29 Current Registered Agent	30	Personal Property Tax due June 10. Name and Address of New Ro	
1.4	W FIRM OF LAWRENCE J		81 Name	10. Name and Address of New No	agistored Agent
	13 ALMERIA AVENUE	. SPIEGEL CHARTERED			
CORAL GABLES FL 33134			82 Street Add	ress (P.O. Box Number is Not Accepta	ble)
•	01446 0410460 1 6 00104		83		
			84 City		FL 85 Zip Code
11. Pursuan	nt to the provisions of Sections	607.0502 and 607.1508, Florida Statut	es, the above-named corpora	poration submits this statement for the tion's board of directors. I hereby acce	
agent. I	am familiar with, and accept the	ne obligations of, Section 607.0505, Fl	orida Statutes.	don't bound of directors. Thereby doce	pt the appointment as registered
SIGNATURE			Add 700 to 1701 a Million of County about		
12.	Signature, typed or printed name of reg	istored agent and title it applicable (NOT ERS AND DIRECTORS	E: Registered Agent signature requi	red when reinstating) ADDITIONS/CHANGES TO OFFI	DATE
TITLE	P	DELETE	1.1 TOTLE	ADDITIONS/CHANGES TO OFFI	Change Addition
NAME	PIETRO, KIMBERLY A		1.2 NAME		
STREET ADDRESS 2335-2337 NORTHEAST 26 STREET		1.3 STREET ADDRESS		1	
CHY-SI-ZIP FORT LAUDERDALE FL 33305		1.4 CITY-ST-ZIP		1	
TITLE		DELETE	2.1 TITLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS	;		2.3 STREET ADDRESS	1000022	570815 9701160010
CITY-ST-ZIP			2.4 CITY-ST-ZIP	-08/04/9	3701160010
TITLE		☐ DELETE	3.1 TITLE	****165	5.00 ***********************************
NAME			3.2 NAME		
STREET ADDRESS	;		3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS	; [4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS	•		5.3 STREET ADDRESS		
CITY-ST-ZIP		[]	5.4 CITY - ST - ZIP	191	
TITLE		☐ DELETE	6.1 TITLE	1 1/~1	☐ Change ☐ Addition
NAME			6.2 NAME	•	
STREET ADDRESS	i I		6.3 STREET ADDRESS		

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, of on an attachment with an address.

7/22/00