

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

FILED
May 21 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P-94000071036 1. Corporation Name RESTAURANT AND LOUNGE SERVICES, INC			
Principal Place of Business 227 MEADOW LARK LANE CLEARWATER FL 33759		Mailing Address 227 MEADOW LARK LANE CLEARWATER FL 33759	
2. Principal Place of Business 21 Suite, Apt. #, etc 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc 27 City & State 28 Zip 29 Country	
3. Name and Address of Current Registered Agent William D. Haime 227 MEADOW LARK LN CLEARWATER FL 33759		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 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 of person elected name of agent, or person authorized to file this statement) (NOTE: Registered Agent signature required when reappointing) DATE _____			
12. OFFICERS AND DIRECTORS TITLE NAME STREET ADDRESS CITY-STATE-ZIP PRES WILLIAM D HAIME 227 MEADOW LARK LANE CLEARWATER FL 33759 TITLE NAME STREET ADDRESS CITY-STATE-ZIP SEC SONYA J HAIME 227 MEADOW LARK LANE CLEARWATER FL 33759		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-STATE-ZIP 21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-STATE-ZIP 31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-STATE-ZIP 41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-STATE-ZIP 51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-STATE-ZIP 61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-STATE-ZIP	
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 executor 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.			
SIGNATURE William D. Haime William D. Haime 4/20/98 813-532-8161 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

CR2E034 (10/97)