

**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.)**

PROFIT CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P94000074818 (3)**

1. Corporation Name

**THIRYSOMETHING SPORTSBAR & GRILL, INC.**



Principal Place of Business	Mailing Address
% JOSE ELORTEGUI 1898 N.W. 7TH ST. MIAMI FL 33125	% JOSE ELORTEGUI 1898 N.W. 7TH ST. MIAMI FL 33125

3. Date Incorporated or Qualified <b>10/12/1994</b>	3a. Date of Last Report <b>10/12/1995</b>
4. FEI Number <b>59-3272240</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.03? Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business <i>do Jose Elortegui</i> <del>1850 Coral Way</del> Suite, Apt. #, etc. <b>1737 E. Edgewood</b> <b>Lakeland, FL</b>	2a. Mailing Address <i>do JOSE ELORTEGUI</i> <b>1850 Coral Way</b> Suite, Apt. #, etc.
21. <del>1850 Coral Way</del> <b>Lakeland, FL</b>	26. <b>1850 Coral Way</b>
22. <b>Lakeland, FL</b>	27. <b>Lakeland, FL</b>
23. <b>Lakeland, FL</b>	28. <b>Miami, FL</b>
24. Zip <b>33803</b> Country <b>US</b>	29. Zip <b>33145</b> Country <b>US</b>

9. Name and Address of Current Registered Agent

**ELORTEGI, JOSE**  
**1898 NW 7 ST.**  
**MIAMI FL 33125**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	<b>1850 Coral Way</b>
83	
84 City	<b>MIAMI FL 85 Zip Code 33145</b>

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and, if applicable, (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>ELORTEGUI, JOSE</b>	
STREET ADDRESS	<b>500 NE ST</b>	
CITY - ST - ZIP	<b>MIAMI FL</b>	
TITLE	<b>V</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>GUTIERREZ, FRANK</b>	
STREET ADDRESS	<b>724 HAMILTON PL DR.</b>	
CITY - ST - ZIP	<b>LAKELAND FL 33813</b>	
TITLE	<b>S</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>HARRISON, RICK</b>	
STREET ADDRESS	<b>4526 HARLAM HILL LANE</b>	
CITY - ST - ZIP	<b>LAKELAND FL 33813</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>P VP S Elortegui, Jose</b>
1.3 STREET ADDRESS	<b>1850 Coral Way</b>
1.4 CITY - ST - ZIP	<b>Miami, FL 33145</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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 officer or director of this 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **Jose Elortegui** **8-5-96** **305-643-1100**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (3/96)