FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT 1996

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

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DOCUMENT # P95000035129 (2)

1. Corporation Name
THE NITE LIFE CLUB, INC.

Principal Place of Business
262 N.W. FERRIS DRIVE
PORT ST. LUCIE FL 34983

Mailing Address
262 N.W. FERRIS DRIVE
PORT ST. LUCIE FL 34983

3. Date Incorporated or Qualified: 05/01/1995
3a. Date of Last Report:

2. Principal Place of Business
21 THE NITE LIFE CLUB INC
Suite, Apt. #, etc
22 2712 S. US #1
City & State
23 FT. PIERCE, FL.
Zip 24 34982 Country 25 USA

2a. Mailing Address
26 THE NITE LIFE CLUB, INC.
Suite, Apt. #, etc
27 2712 S. US #1
City & State
28 FT. PIERCE, FL.
Zip 29 34982 Country 30 USA

4. FEI Number: 65-057-8034 ☐ Applied For ☒ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent
81 Name: RHONDA KRISTIN LA SPINA
82 Street Address (P.O. Box Number is Not Acceptable): 2712 S. US#1
83
84 City: FT. PIERCE FL 85 Zip Code: 34982

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 Rhonda Kristin La Spina
Signature, typed or printed name of registered agent and title if applicable — DATE

12. OFFICERS AND DIRECTORS

TITLE	D	☒ DELETE
NAME	WATERMAN, THOMAS J	
STREET ADDRESS	262 N.W. FERRIS DRIVE	
CITY-ST-ZIP	PORT ST. LUCIE FL 34983	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
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STREET ADDRESS		
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TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT	☐ Change ☒ Addition
1.2 NAME	JAMES R. LA SPINA	
1.3 STREET ADDRESS	2712 S.U.S.I	
1.4 CITY-ST-ZIP	FT. PIERCE, FL. 34982	
2.1 TITLE	VICE PRESIDENT	☐ Change ☒ Addition
2.2 NAME	JAMES R. LA SPINA	
2.3 STREET ADDRESS	2712 S. U.S. #1	
2.4 CITY-ST-ZIP	FT. PIERCE, FL. 34982	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	900001755189	☐ Addition
5.2 NAME	-03/22/96--01111--029	
5.3 STREET ADDRESS	***200.00	
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

3-22-96

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 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.

SIGNATURE: James R. La Spina — 3/19/96 — 407-461-4841
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)

95 292

CERTIFICATE OF DESIGNATION OF

REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 OR 617.0501 FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: THE NITE LIFE CLUB, INC

#P95000035129

2. The name and address of the registered agent and office is:

RHONDA KRISTIN LA SPINA
(Name)

2712 S. US #1
(P.O. Box not acceptable)

FT. PIERCE FL. 34982
(City/State/Zip)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Rhonda Kristin LaSpina July 29 1996
(Signature)

DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL