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

**PROFIT** CORPORATION ANNUAL REPORT

1**9**98



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name P95000035129 (2)

THE NITE LIFE CLUB, INC.

Principal Place of Business

Mailing Address

4925 10TH AVENUE

1625 TOTH AVENUE

## FILED May 20 1998 8:00am Secretary of State



WERO BEACH FL 32960 VERO BEACH FL 82000 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 505 Beachland 05/01/1995 4. FEI Number 2. Principal Place of Business Applied For 5 Beach fan d Blud 65-0578034 Not Applicable Suite. Apt \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State 6. Election Campaign Financing \$5.00 May Be Vero Bead, Florida 23 Trust Fund Contribution Added to Fees Zip Country This corporation owes or has paid the current year Intangible Yes ☐ No 24 Personal Property Tax due June 30. 29 25 9. Name and Address of Current Registered 10. Name and Address of New Registered Agent CHRISTMAN, SIEGFRIED G 81 Name 4625 10TH AVENUE 62 Street Address (P.O. Box Number is Not Acceptable) VERO-BEACH FL 32980 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, typed or printed harne of registered agent as distic if applicable (NOT): Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change noitibhA TITLE 1.1 TITLE CHRISTMAN, SIEGFRIED G 1.2 NAMÉ NAME 4825-10TH AVENUE SDS Beach 1.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 1.4 CHY - S1 - ZIP Change Addition TITLE 2.1 TITLE **L**A <del>CPRINA,</del> RHONDA K 22 NAME NAME **1025-10TH AVENUE** STREET ADDRESS 2.3 STREET ADDRESS WERO-BEACH-FL-32980 CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 THILE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 34. CITY-ST-ZIP CITY-ST-ZIF TITLE DELETE 4.1 TOLE Change Addition 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE ☐ Addition 5 1 TITLE TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CITY-ST-ZIP CITY-ST-ZIP Change DEL**e**te Addition 61 TITLE TITLE NAME 62 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY - ST- ZIP CITY-ST-ZIP

Block 12 or Block 13 if changed, or on an

14. Thereby 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