

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Jun 01, 1999 8:00 am**  
**Secretary of State**

06-01-1999 90020 037 \*\*\*150.00

DOCUMENT # P95000035129

1. Corporation Name

THE NITE LIFE CLUB, INC.



Principal Place of Business

505 BEACHLAND BLVD  
STE 1-205  
VERO BCH FL 32963  
US

Mailing Address

505 BEACHLAND BLVD  
STE 1-205  
BERO BCH FL 32963  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/01/1995

4. FEI Number

65-0578034

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☐ Yes

☒ No

2. Principal Place of Business

21 701 N. Indian River Dr.

Suite, Apt. #, etc.

22 Suite 9

City & State

23 Ft. Pierce, FL

Zip

24 34950

Country

25 St. Lucie

2a. Mailing Address

26 701 N. Indian River Dr.

Suite, Apt. #, etc.

27 Suite 9

City & State

28 Ft. Pierce, FL

Zip

29 34950

Country

30 St. Lucie

9. Name and Address of Current Registered Agent

CHRISTMAN, SIEGFRIED G  
505 BEACHLAND BLVD  
STE 1-205  
VERO BEACH FL 32963

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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 name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

May 1, 1999

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

VERO BEACH FL 32963

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

VERO BEACH FL 32960

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

VERO BCH FL 32963

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☒ Change

☐ Addition

701 N. Indian River Drive, Ste 9  
Ft. Pierce, FL 34950

☒ Change

☐ Addition

701 N. Indian River Drive, Ste 9  
Ft. Pierce, FL 34950

☒ Change

☐ Addition

701 N. Indian River Drive, Ste 9  
Ft. Pierce, FL 34950

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Siegfried G. Christman

5-1-99 (561) 489-2190

Date

Daytime Phone #

CR2E034 (11/98)