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

DOCUMENT # **P95000040513 (0)**

1. Corporation Name

THE CAVES RESTAURANT AND LOUNGE, INC.

Principal Place of Business	Mailing Address
2205 NORTH FEDERAL HIGHWAY **FORT LAUDERDALE FL**	**2205 NORTH FEDERAL HIGHWAY** **FORT LAUDERDALE FL**

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

3. Date Incorporated or Qualified: **05/22/1995**

3a. Date of Last Report:

4. FEI Number: 65-0582180 ☐ 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**

HOCHMAN, SAUL
2205 N. FEDERAL HWY.
FT. LAUDERDALE FL 33305

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 607.1501, 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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	PD	☐ DELETE	11 TITLE	☐ Change ☐ Addition
12 NAME	HOCHMAN, SAUL		12 NAME	
13 STREET ADDRESS	2205 NORTH FEDERAL HIGHWAY		13 STREET ADDRESS	
14 CITY-ST-ZIP	FORT LAUDERDALE FL		14 CITY-ST-ZIP	
21 TITLE	VD	☐ DELETE	21 TITLE	☐ Change ☐ Addition
22 NAME	HOCHMAN, JACQUIE		22 NAME	
23 STREET ADDRESS	2205 NORTH FEDERAL HIGHWAY		23 STREET ADDRESS	
24 CITY-ST-ZIP	FORT LAUDERDALE FL		24 CITY-ST-ZIP	
31 TITLE		☐ DELETE	31 TITLE	☐ Change ☐ Addition
32 NAME			32 NAME	
33 STREET ADDRESS			33 STREET ADDRESS	
34 CITY-ST-ZIP			34 CITY-ST-ZIP	
41 TITLE		☐ DELETE	41 TITLE	☐ Change ☐ Addition
42 NAME			42 NAME	
43 STREET ADDRESS			43 STREET ADDRESS	
44 CITY-ST-ZIP			44 CITY-ST-ZIP	
51 TITLE		☐ DELETE	51 TITLE	☐ Change ☐ Addition
52 NAME			52 NAME	
53 STREET ADDRESS			53 STREET ADDRESS	
54 CITY-ST-ZIP			54 CITY-ST-ZIP	
61 TITLE		☐ DELETE	61 TITLE	☐ Change ☐ Addition
62 NAME			62 NAME	
63 STREET ADDRESS			63 STREET ADDRESS	
64 CITY-ST-ZIP			64 CITY-ST-ZIP	

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***200.00

14. I do hereby certify that the information supplied with this filing is complete, accurate and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 attached sheet, with an address.

SIGNATURE: _____ 2/8/96 914-101-42

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

CR2E034 (12/95)