

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 # P95000054303 (9)

1. Corporation Name

TOWN TAVERN OF AVENTURA, INC.



Principal Place of Business

~~4411 CLEVELAND AVE~~  
~~FT MYERS FL 33901~~

Mailing Address

4411 CLEVELAND AVE  
FT MYERS FL 33901

3. Date Incorporated or Qualified  
07/10/1995

3a. Date of Last Report  
FIRST

2. Principal Place of Business

2a. Mailing Address

21 20301 BISCAYNE BLVD

26

Suite, Apt. #, etc

Suite, Apt. #, etc

22

City & State

27

City & State

23

N MIAMI BEACH FL

28

Zip

Country

Zip

Country

24

33180

25

USA

29

30

4. FET Number

65-0650477

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. 193.032,  
Florida Statutes. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GARGANO, ANTHONY J  
1520 ROYAL PALM SQUARE BLVD #280  
FT MYERS FL 33919

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 the corporation

(If the Registered Agent's signature is required when filing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	LAGESCHULTE, DAVID L	<input type="checkbox"/> DELETE
NAME		4411 CLEVELAND AVE	
STREET ADDRESS		FT MYERS FL 33901	
CITY - ST - ZIP			
TITLE	D	LYNCH, PAUL	<input type="checkbox"/> DELETE
NAME		4411 CLEVELAND AVE	
STREET ADDRESS		FT MYERS FL 33901	
CITY - ST - ZIP			
TITLE	D	BRAWNER, TERRY	<input type="checkbox"/> DELETE
NAME		4411 CLEVELAND AVE	
STREET ADDRESS		FT MYERS FL 33901	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
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	

700001816397  
-05/10/96--01022--038  
\*\*\*200.00

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:

*Paul Lynch*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/96

941-275-6339  
Debbie P. ...

CR2E034 (12/95)