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

PROFIT CORPORATION ANNUAL REPORT

1997

TITLE

NAME

STREET ADDRESS



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000078701 (6)

ROOSTERS SPORTS LOUNGE, INC.

Principal Place of Business Mailing Address 4120 HENDERSON BLVD. 4120 HENDERSON BLVD. **TAMPA FL 33629** TAMPA FL 33629-5750 3. Date Incorporated or Qualified 3a. Date of Last Report 10/13/1995 05/01/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3337981 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Zip Country Zip Co 8. This corporation has liability for intangible tax under s. 199.032, Yes □ No 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name BAJSA, MICHAEL G 390-E PINELLAS BAYWAY Street Address (P.O. Box Number is Not Acceptable) TIERRA VERDE FL 33715 City 85 Zip Code 11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statutes, the al we-named corporation submits this statement for the purpose of changing its registered by the corporation's board of directors. I hereby accept the appointment as registered office or registered agent, or both, in the State of Florida. Such change was authorize agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida States. SIGNATURE Signature, typed or printed name of registered agent and title if applicable 12. OFFICERS AND DIRECTORS 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6) TITLE DELETE Change Addition NAME BAJSA, MICHAEL G 1.2 NAME 390-E PINELLAS BAYWAY STREET ADDRESS 1.3 STREET ADDRESS TIERRA VERDE FL 33715 CITY-ST-ZIP 1.4 C(TY - ST - Z(P DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - S1 - ZIP DELETE TITLE 31 TILLE Change Addition NAME 3.5 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE TITLE 4.1 THLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - \$1 - ZIP DELETE Change Addition TOLE 513006 NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filling 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 upper or supplemental annual report is true and accurate and that my signature shall have the same logal effect as if made under oath; that I am an officer or director of the copyrightion 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 or Anaged or on an arachment with an address.

DELETE

6.1 THLE

6.2 NAME

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP FILED
May 13 1997 8:00am
Secretary of State

Change

Addition

