

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 # **P95000087782 (5)**

1. Corporation Name

TIME OUT LIQUORS & LOUNGE, INC.



Principal Place of Business

Mailing Address

~~5500 PEMBROKE ROAD
HOLLYWOOD, FL 33021~~

~~5500 PEMBROKE ROAD
HOLLYWOOD, FL 33021~~

3. Date Incorporated or Qualified
11/15/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 **2701 SOUTH STATE RD 7**

26 **2701 SOUTH STATE RD 7**

4. FEI Number

65-0621835

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

22

27

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

City & State

City & State

23 **HOLLYWOOD, FL**

28 **HOLLYWOOD, FL**

8. This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes No

24 **33023**

Country

29 **33023**

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**STONE, ADELE I ESO.
1946 TYLER STREET
HOLLYWOOD FL 33020**

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)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PRESIDENT** DELETE
NAME **DOMENICK A. PUGLIESE**
STREET ADDRESS **2701 SOUTH STATE ROAD 7**
CITY-ST-ZIP **HOLLYWOOD, FL 33023**

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **VICE-PRESIDENT** Change Addition
1.2 NAME **JOHN PUGLIESE**
1.3 STREET ADDRESS **2701 SOUTH STATE RD 7**
1.4 CITY-ST-ZIP **HOLLYWOOD, FL 33023**

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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)(b), 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:

Domenick A. Pugliese PRES **DOMENICK A. PUGLIESE** 4/18/96 954-963-3200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)