FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00									
CORPORATION ANNUAL REPORT			FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Socretary of State						
DOCUMENT # P95000087782 (5)									
TIME OUT LIQUORS & LOUNGE, INC.									A DI (10 A DI) A DI (1001 (1001
Principal Place of Business Mailing Address									
STOO PENEROKI ROAD HOLLYWOOD FL EZOZI			SJOO PENBROKE ROAD HOL IWOOD FL 33021						
a District Di		· · · · · · · · · · · · · · · · · · ·					3. Date Incorporated or Qualified 11/15/1995 4. FEI Number	3a. Date of L	
	SOUT H STATE	RD 7 26]2	Mailing Address 2701 Sout (f	STAT	ERD	7	65-0621835		Applied For Not Applicable
Suite, Apt. #	#, etc.	27	Suite, Apt. #, etc.				5. Certificate of Status Desired	<u>□</u> \$	8.75 Additional Fee Required
City & State 23 Houry	WOOD, F.C.		City & State	F			 Election Campaign Financing Trust Fund Contribution 		\$5.00 May Be Added to Fees
24 ^{Zip} 330.	∠ 3 [25] Country		Zip	Court 30	try		8. This corporation has liability for i Florida Statutes		der s. 199.032,
	9. Name and Address	s of Current Registe	ered Agent		81 Name		10. Name and Address of New R	egistered Age	nt
STONE, ADELE I ESQ.						Addres	ss (P.O. Box Number is Not Acceptab	le)	
1946 TYLER STREET HOLLYWOOD FL 33020					83				
					B4 City			E I ⁸	5 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 E07.0505, Florida Statutes.									
12.	Signature, typicit or printed name of OF	registered agent and title if age FICERS AND DIRECT		Registered #	igent signature i	equined v	when reinstaling) ADDITIONS/CHANGES TO OFFI	DATE CERS AND DIR	
TITLE	PRESIDENT DOMENTICK A, PUKaLIE				Ve	ICE PRESIDENT Change Addition			
NAME STREET ADDRESS	s 2701 SOUTH STATE		COND 7	1.2 NAME 1.3 STREET ADDRESS		22	OHN PUGLIESE	692	32E034
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NAME				6.2 NAI					
STREET ADDRESS CITY-ST-ZIP					IEET ADDRESS Y - ST - ZIP				
14. I do hereb certify that oath; that	the information indicated	on this annual report of the corporation or	or supplemental annua the receiver or trustee i	hed and c al report is empowere	loes not qua true and a:	curate	the exemption stated in Section 119. and that my signature shall have the report as required by Chapter 607, Fig.	same legal effect	t as if made under
SIGNATURE: House U. Puglis RES, DOMENICK A. PUGLIESE 4/18/96 954-963-3200									