

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

**FILED**

**May 02 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P95000087782 (5)**  
1. Corporation Name  
**TIME OUT LIQUORS & LOUNGE, INC.**



Principal Place of Business <b>2701 SOUTH STATE RD 7 HOLLYWOOD FL 33023 US</b>	Mailing Address <b>2701 SOUTH STATE RD 7 HOLLYWOOD FL 3302 US</b>
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3. Date Incorporated or Qualified <b>11/15/1995</b>	3a. Date of Last Report <b>05/01/1996</b>
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2. Principal Place of Business 21. Suite, Apt #, etc. 22. City & State 23. Zip	2a. Mailing Address 26. Suite, Apt #, etc. 27. City & State 28. Zip	24. Country	25. Country	29. Country	30. Country
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4. FEI Number <b>65-0621835</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**STONE, ABLE LESO.  
1948 TYLER STREET  
HOLLYWOOD FL 33020**

10. Name and Address of New Registered Agent  
81 Name **Domenick Pugliese**  
82 Street Address (P.O. Box Number is Not Acceptable) **2701 South State Rd 7**  
83  
84 City **Hollywood** FL 85 Zip Code **33023**

11. Pursuant to the provisions of Sections 607.0602 and 607.1503, 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: *Domenick A. Pugliese* **DOMENICK A. PUGLIESE, Pres. 3/11/97**  
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 <input checked="" type="checkbox"/> DELETE	V	
NAME	<b>PUGLIESE, JOHN</b>	
STREET ADDRESS	<b>2701 SOUTH STATE RD 7</b>	
CITY - ST - ZIP	<b>HOLLYWOOD FL</b>	
TITLE <input type="checkbox"/> DELETE		
NAME		
STREET ADDRESS		
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		
TITLE <input type="checkbox"/> DELETE		
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	<b>R</b>	<b>Domenick Pugliese</b>
1.2 NAME		
1.3 STREET ADDRESS		<b>2701 South State Rd 7</b>
1.4 CITY - ST - ZIP		<b>Hollywood, FL 33023</b>
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		

14. I do hereby certify that the information supplied with this filing 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 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 this corporation; 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 Pugliese* **DOMENICK PUGLIESE** April 24, 1997 964-963-3200  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/96)