

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

FILED

May 02 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <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

2701 SOUTH STATE RD 7  
HOLLYWOOD FL 33023  
US

Mailing Address

2701 SOUTH STATE RD 7  
HOLLYWOOD FL 3302  
US



2. Principal Place of Business

21 Suite, Apt #, etc

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

11/15/1995

3a. Date of Last Report

05/01/1996

4. FEI Number

65-0621835

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

STONE, ADELE LESO.  
1948 TYLER STREET  
HOLLYWOOD FL 33020

10. Name and Address of New Registered Agent

81 Name

Domènec 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

*Domènec A. Pugliese*

(NOTE: Registered Agent signature required when reinstating)

DATE

DOMÈNEC A. PUGLIESE, Pres. 3/11/97

12. OFFICERS AND DIRECTORS

TITLE	V	<input type="checkbox"/> DELETE
NAME	PUGLIESE, JOHN	
STREET ADDRESS	2701 SOUTH STATE RD 7	
CITY - ST - ZIP	HOLLYWOOD FL	
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	P	Domènec Pugliese	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
1.2 NAME				
1.3 STREET ADDRESS		2701 South State Rd 7		
1.4 CITY - ST - ZIP		Hollywood, FL 33023		
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 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:

*Domènec A. Pugliese*

DOMÈNEC A. PUGLIESE

Date

April 24, 1997

Daytime Phone #

954-963-3200

0517088

CR2E034 (9/96)