

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

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90156 041 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **P96000012485**

1. Corporation Name
KARAOKE NITES, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 8639 SPRINGVALLEY DRIVE BOYNTON BEACH FL 33437	Mailing Address 8639 SPRINGVALLEY DRIVE BOYNTON BEACH FL 33437
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3. Date Incorporated or Qualified 02/01/1996	
4. FEI Number 65-0636954	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 917 New Lake Dr Suite, Apt. #, etc.	2a. Mailing Address 26 917 New Lake Dr Suite, Apt. #, etc.
22 City & State 23 Boynton Bch. FLA	27 City & State 28 Boynton Bch
24 Zip 33426 25 Country W.P.	29 Zip 33426 30 Country PR

9. Name and Address of Current Registered Agent
JARMOLOWICZ, LAURIE
8639 SPRINGVALLEY DRIVE
BOYNTON BEACH FL 33437

10. Name and Address of New Registered Agent
 81 Name **Laurie Jarmolowicz**
 82 Street Address (P.O. Box Number is Not Acceptable)
917 New Lake Dr
 83 **Boynton Bch.**
 84 City **FL** 85 Zip Code **33426**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	ADD LAURIE JARMOLOWICZ <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JARMOLOWICZ, LAURIE	1.2 NAME	LAURIE JARMOLOWICZ
STREET ADDRESS	8639 SPRING VALLEY DRIVE	1.3 STREET ADDRESS	917 NEW LAKE DR
CITY-ST-ZIP	BOYNTON BCH FL	1.4 CITY-ST-ZIP	BOYNTON Bch. FL 33426
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE: *Laurie Jarmolowicz* SIGNATURE REQUIRED **1-18-99 561-740-0928**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)