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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000033279 (6)

HAZE DANCE CLUB, INC.

MINA Club CBR, Inc

Principal Place of Business

Mailing Address

6815 N.W. 28TH STREET MARGATE FL 33063

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6815 N.W. 28TH STREET MARGATE FL 33063-2037

FILED Apr 18 1997 8:00am Secretary of State



										3. Date Incorporated or Qualified 04/15/1996	3a. Da	le of Last F	Report	
2. Principal Place of Business				2a. Mailing Address						4 FEI Number	L	A	pplied For	
21			26					į,	65.0670100		N	ot Applicable		
Sulte, Apt. #, etc.				27	Suite, Apt. #, etc.					5. Curtificate of Status Desired		\$8.75 Additional Fee Required		
City & State				T.,	City & State					6. Election Campaign Financing \$5.00 May Be				
23				28						Trust Fund Contribution		Added	to Fees	
Zip	·			29	Zip	Country				8. This corporation has liability for intangible tax under s. 199.032,				
24 25					30					Florida Statutes 🔼 Yes 🗌 No				
g, Name and Address of Current Registered Agent								Name		10. Name and Address of New Registered Agent				
HAYES, RANDY								Name						
	5 N.W. 28T						Street Address (P.O. Box Number is Not Acceptable)							
MARGATE FL 33063														
							83			•				
A Control of the Cont							84	City	85 Zip Code				Code	
								·			FL	'	·	
11. Pursuant office or r	to the provis	ions of Section ent. or both, it	ns 607.0502 In the State of	and 6 f Flori	607.1508, Florida Statut da: Such change was a	es, the a authorize	bove d by	e-named the core	corpora coration	ation submits this statement for the purished of directors. I hereby accept	rpose of the appo	changing i pinIment as	ts registered registered	
agent. I a	m fam iliar w	ith, and accep	t the obligati	ons o	f, Section 607.0505, Flo	orida Sta	lutes	,			the app		- vg.o.c. oc	
SIGNATURE									* 15.4					
	Signature, typed					rt signature	required v	ired when renstating) DATE						
12.		CTORS DELETE	13.	13. 11 117LE			ADDITIONS/CHANGES TO OFFICE	RS AND	Change					
TITLE	Y	41 .			L. DELETE							L Diange	Addition	
NAME	Kandy	Hayes		1.2 N			,							
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NAME					■ *			P.2 NAME						
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NAME						6.2 N		ļ					ļ	
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CITY-ST-ZIP	·						1Y-S1							
14. I do herek	by certify tha	t the information	on supplied v	with∈th	us filing does not qualif	y for the	exer	mption st	tated in	Section 119.07(3)(i), Florida Statutes.	I further	certify that	the 1	

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 logal 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

CIONATURE I Truels Have