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 # P96000034200 (1)

P.T. LOUNGE, INC.

FILED Apr 25 1997 8:00am Secretary of State



Principal Place	e of Business	М	Mailing Address				- I JODILIZAL LIJO JORGO OLALI OBRIL ODILI DALIK BARBO LIJAK OLALA LIJOLI BORK ODIL LIJOL			
1605 FIRST STREET. SOUTH WINTER HAVEN FL 33880			1605 FIRST STREET, SOUTH WINTER HAVEN FL 33880-4323							
							3. Date Incorporated or Qualified 04/10/1996	3a. Date o	Last R	eport
2. Principal Pl	lace of Business	2a 26	. Mailing Address P.O. Box	704	8		4. FEI Number 59 - 337	7596		plied For at Applicable
Suite, Apt :	#, etc.	27	Suite, Apt #, etc.				5. Certificate of Status Desired		8.75 / Fee Re	Additional equired
City & State	0		City & State			7	6. Election Campaign Financing			May Be
23	Country	28	MYNter H		untry	lorida	Trust Fund Contribution		Added	
Zip 24	25	29	33883	30		SA	8. This corporation has liability for i	ntangible tax] Yes 🏻 N		. 199.032,
	9. Name and Address of Curre		stered Agent		Ţ,		10. Name and Address of New Re	pistered Age	nt	
	non, Jerry D				B1	Name				
1605 FIRST STREET, SOUTH					62	Street Address (P.O. Box Number is Not Acceptable)			***************************************	
WINT	TER HAVEN FL 33880				83					
					84	City			E 710	Code
						'	oration submits this statement for the p	FL *	'	
agent La SIGNATURE	rn familiar with, and accept the obliq	gations o	of, Section 607.0505, I	Florida Sta	itutes	S.	on's board of directors. I hereby acceptions related to the secretarion of the secretario	DATE		
12.	Signature, typical or printed name of registered as OFFICERS At			13.		an some reduce	ADDITIONS/CHANGES TO OFFIC		RECTOR	IS IN 12
THLE	D		☐ DELETE	1.1 1	ITLE				Change	Addition
NAME	CANNON, JERRY D			1.2 N	NAME					
STREET ADORESS	1103 CYPRESS GARDENS BL	.VD., #3	37	1.3 9	STREET	ADDRESS				
CITY-ST-ZIP	WINTER HAVEN FL 33884		☐ DELETE		CITY-S	ST-ZIP		·····	Change	☐ Addition
TITLE NAME			C. Deteir	2.1 T	IAME	j		L/	Ondingo	Roomor
SIREFT ADORESS						ADDRESS				
CHTY-ST-ZIF				2. 4	CITY -	ST-ZIP		ily sai		
TITLE			DELETE	. 3.1 1	IITLE				Change	Additio
NAME					NAME					
STREET ADDRESS						FADDRESS				
City-S1-7-P			☐ DELETE		TITLE	ST-ZIP			Change	Addition
T-TET 1										
NAME				4 2	NAME					
						T ADDRESS				
NAME STREET ADDRESS CITY - ST. ZIP		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	- believe	435	STREET DITY - S			——————————————————————————————————————	Charte	(a Julia:
NAME STREET ADDRESS CITY ST. ZIP TULE			DELETE	435 440 511	STREET DITY - S TITLE	T ADDRESS ST-ZIP			Change	Addition
NAME STHEET ADDRESS CITY - ST. ZIP THEE NAME		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	☐ DELETE	435 440 511 521	STREET CITY - S TITLE NAME	T ADDRESS ST-ZIP			Change	Addition
NAME STREET ADDRESS CITY-SE ZIP TILLE NAME STREET ADDRESS			DELETE	435 441 511 521 535	STREET CITY - S TITLE NAME STREET	T ADDRESS ST-ZIP T ADDRESS			Change	Addition
NAME STREET ADDRESS CITY-ST-ZP THEF NAME			☐ DELETE	433 441 511 521 533 541	STREET CITY - S TITLE NAME STREET	T ADDRESS ST-ZIP			Change	
NAME STHEET ADDRESS CITY-ST-ZIP TITLE NAME STHEET ADDRESS CITY-ST-ZIP				435 441 511 521 535 541	STREET CITY - S TITLE NAME STREET CITY - S	T ADDRESS ST - ZIP T ADDRESS ST - ZIP			_	
NAME STREET ADDRESS CITY - ST. ZPP TITLE NAME STREET ADDRESS CITY - ST - ZPP TITLE				43 5 44 6 5 1 1 5 2 1 5 3 5 5 4 6 5 1 1 6 2 1	STREET DITLE NAME STREET CITY-S TITLE NAME	T ADDRESS ST - ZIP T ADDRESS ST - ZIP			_	Addition

4. 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 conjugation on the prepieter or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 3 if changed for the appears in Block 12 or Block 3 if changed for the appears in Block 12 or Block 3 if changed for the appears in Block 12 or Block 3 if changed for the appears in Block 12 or Block 3 if changed for the appears in Block 12 or Block 3 if changed for the appears in Block 12 or Block 3 if changed for the appears in Block 12 or Block 3 if changed for the appears in Block 12 or Block 3 if changed for the appears in Block 12 or Block 3 if changed for the appears in Block 12 or Block 3 if changed for the appears in Block 12 or Block 3 if changed for the appears in Block 12 or Block 3 if changed for the appears in Block 12 or Block 3 if changed for the appears in Block 12 or Block 3 if changed for the appears in Block 12 or Block 3 if changed for the appears in Block 12 or Block 3 if changed for the appears in Block 12 or Block 3 if the appears are appears in Block 12 or Block 3 if the appears are appears and appears are appears are appears and appears are appears are appears are appears and appears are appears are appears and appears are appears are appears are appears and appears are appears are appears are appears.

SIGNATURE:

STEVERED CANNON ProsideNt Apr. 1 12,1997 941-293-0027