FILED

Mar 16, 1999 8:00 am Secretary of State

03-16-1999 90090 039 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000078733

Corporation Name

DAVE'S	DOWNTOWN BAR, INC.								
Principal Plac	e of Business	Mailing Address				┨		ifi (888) init; inera	1)100 11(1 368)
1819 WILEY ST		1819 WILEY ST							
HOLLYWOOD FL 33020 HOLLYWOOD FL 33020						İ			
US US							DO NOT WRITE IN TH	IIS SPACE	
							Date Incorporated or Qualifed		
						1	09/10/1997		
2. Principal F	Place of Business	2a. Mailing Address				4.	FEI Number	Ap	plied For
21		26				-	65-0812621	No	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	····			1_	Contifered of Status Desired	\$8.75	
22		27				5.	Certificate of Status Desired	Fee Re	quired
City & Star	te	City & State	- ·			6.	Election Campaign Financing	\$5.00	May Be
23		28					Trust Fund Contribution	Added t	o Fees
Zip	Country	Zip	Cou	ntry		8.	This corporation owes the current year		
24	25	29	30				Personal Property Tax.	ØYes	□No
	9. Name and Address of Curr	ent Registered Agent				10.	Name and Address of New Register	ed Agent	
				81	Name				1
	JMER, KEITH T			82	Stroot Addre	es (D	P.O. Box Number is Not Acceptable)		
one east broward blvd.				04	Street Addre	155 (F	O. Box Number is Not Acceptable)		•
FT. LAUDERDALE FL 33301				83				٠.	
				\sqcup					
				84	City		F	85 Zip (Code
11. Pursuant	to the provisions of Sections 607.0	502 and 607.1508, Florida Statu	ites, the al	bove	named corpo	ratior	n submits this statement for the purpose pard of directors. I hereby accept the ap	of changing its	registered
agent. I a	im familiar with, and accept the oblig	gations of, Section 607.0505, Fl	orida State	utes.		1, 5 50	said of diffusions. I have by appear and ap	•	,
SIGNATURE		NO.	E. Danielaire		t signature required	bon r	reinstating) DATE		
12.	Signature, typed or printed name of registered a	AND DIRECTORS	13.	Agein	it signatora raddirad		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12
TITLE	P	☐ DELETE	1.1 Tr	ne-			TISSITION OF THE PROPERTY OF T	Change	Addition
	KROLL, DONALD W	□ 5cc:-	1.2 NA					_ ,	
NAME	COOR CHEDMAN CT				ADDDESS				
STREET ADDRESS	HOLLYWOOD FL 33024		- 1		ADDRESS)
CITY-ST-ZIP		☐ DELETE		TY-ST	T- ZIP			☐ Change	Addition
TITLE	S METHOT LODI A	TT PETELE	2.1 TT					Onlinge	
NAME	METHOT, LORI A		2.2 NA						
STREET ADDRESS			2.3 ST	REET	ADDRESS				[
CITY-ST-ZIP	HOLLYWOOD FL 33020			ITY-S	T-ZIP ·				☐ Addition
TITLE	1		3.1 Tr	TI C	ł				I TARRITION I
NAME		☐ DÉLETE	3.1 17	ILE		-		☐ Change	
STREET ADDRESS		☐ DELETE	3.2 N/			-		☐ Change	
CITY-ST-ZIP		☐ DÉLETE	3.2 N/	AME	ADDRESS	-		☐ Change	
TITLE		☐ DELETE	3.2 N/ 3.3 ST	AME		-			
····CL		☐ DELETE	3.2 N/ 3.3 ST	AME TREET ITY-S		_		☐ Change	☐ Addition
NAME			3.2 N/ 3.3 ST 3.4. C	AME TREET ITY-S' TLE		-			
			3.2 N/ 3.3 ST 3.4 . CI 4.1 TI 4. 2 N	AME TREET ITY-S TLE IAME		-			
NAME STREET ADDRESS			3.2 N/ 3.3 ST 3.4. Cl 4.1 Tl 4.2 N 4.3 ST	AME TREET ITY-S TLE IAME	T-ZIP	-			
NAME			3.2 N/ 3.3 ST 3.4. Cl 4.1 Tl 4.2 N 4.3 ST	AME TREET ITY-S TLE IAME TREET TY-ST	T-ZIP	_			
NAME STREET ADDRESS CITY-ST-ZIP TITLE		☐ DELETE	3.2 N/ 3.3 ST 3.4, CI 4.1 TI 4.2 N 4.3 ST 4.4 CI	AME TREET ITY-S' TLE IAME TREET TY-ST	T-ZIP	-		☐ Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	3.2 N/ 3.3 ST 3.4. CI 4.1 TI 4. 2 N 4.3 ST 4.4 CI 5.1 TI 5.2 N/	AME TREET TLE IAME TREET TY-ST TLE AME	T-ZIP	_		☐ Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		☐ DELETE	3.2 N/ 3.3 ST 34. CI 4.1 TI 4. 2 N 4.3 ST 4.4 CI 5.1 TI 5.2 N/ 5.3 ST	AME TREET TLE IAME TREET TY-ST TLE AME	T ADDRESS T ADDRESS			☐ Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		☐ DELETE	3.2 N/ 3.3 ST 34. CI 4.1 TI 4. 2 N 4.3 ST 4.4 CI 5.1 TI 5.2 N/ 5.3 ST	AME TREET TLE IAME TY-ST TLE AME TY-ST TLE TY-ST	T ADDRESS T ADDRESS			☐ Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		☐ OELETE	3.2 N/ 3.3 ST 3.4. CI 4.1 TI 4. 2 N 4.3 ST 4.4 CI 5.1 TI 5.2 N/ 5.3 ST 5.4 CI	TREET ITY-S' TLE AME TREET TLE TY-SI TLE TY-SI TLE TY-SI TLE TY-SI	T ADDRESS T ADDRESS			Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ OELETE	32 NV 3.3 ST 34. CI 4.1 TT 4. 2 N 4.3 ST 4.4 CI 5.1 TT 5.2 NV 5.3 ST 5.4 CI 6.1 TT 6.2 NV	TREET TILE TY-ST TILE TY-ST TILE TY-ST TILE TY-ST TILE TY-ST TILE TY-ST TILE	T ADDRESS T ADDRESS			Change	☐ Addition

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 changes, or on an attachment with an address, with all other like empowered.

6.4 CITY+ST-ZIP

SIGNATURE:

OFFICER OR DIRECTOR

989-3036