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Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90096 017 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P98000006155

1. Corporation Name
AMERICAN NIGHTCLUB COMPANY

Principal Place of Business
330 NORTH GARY ROAD
LAKELAND FL 33801

Mailing Address
330 NORTH GARY ROAD
LAKELAND FL 33801

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/21/1998

4. FEI Number
59-3487899

Applied For
Not Applicable

2. Principal Place of Business
21 same as above

2a. Mailing Address
26 same as above

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip Country

29 Zip Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134~~

Change

81 Name RANDY BROWN
82 Street Address (P.O. Box Number is Not Acceptable) PRESIDENT
83 330 N. GARY RD
84 City LAKELAND FL 85 Zip Code 33801

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: *Randy Brown*
Signature, typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/13/99
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PTD ☐ DELETE
NAME BROWN, RANDAL
STREET ADDRESS 330 NORTH GARY ROAD
CITY-ST-ZIP LAKELAND FL 33801

1.1 TITLE VICE PRES. & DIRECTOR ☐ Change ☒ Addition
1.2 NAME JOHNSON, KEITH RE
1.3 STREET ADDRESS 3691 SR 580 # H
1.4 CITY-ST-ZIP OLDSMAR, FLA. 34677

TITLE SVD ☐ DELETE
NAME ORTEGA-COWAN, ROMAN
STREET ADDRESS 330 NORTH GARY ROAD
CITY-ST-ZIP LAKELAND FL 33801

2.1 TITLE SD ☒ Change ☐ Addition
2.2 NAME ORTEGA-COWAN, ROMAN
2.3 STREET ADDRESS 637 SECOND LANE, F
2.4 CITY-ST-ZIP VERO BEACH, FLORIDA 32962

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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 in an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/99 (941)
686-2582
Daytime Phone #

CR2034 (11/98)