

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90186 024 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000010944

1. Corporation Name

MIXOLOGY AND ENTERTAINMENT SCHOOL OF BARTENDING INC.

Principal Place of Business

21949 U.S. HWY 19 N.
CLEARWATER FL 34625

Mailing Address

21949 U.S. HWY 19 N.
CLEARWATER FL 34625

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/02/1998

4. FEI Number

59-3506111

Applied For
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 21949 US HWY 19 N.
Suite, Apt. #, etc.

2a. Mailing Address

28 21949 US HWY 19 N.
Suite, Apt. #, etc.

City & State

23 Clearwater, FL

City & State

28 Clearwater, FL

Zip

24 33765

Country

25 Pinellas

Zip

29 33765

Country

30 Pinellas

9. Name and Address of Current Registered Agent

LANDER, MICHAEL A
2909 GULF TO BAY BLVD. STE. E203
CLEARWATER FL 33759

10. Name and Address of New Registered Agent

81 Name	Michael A. Lander
82 Street Address (P.O. Box Number is Not Acceptable)	1799 N. Highland Ave.
83	#F-93
84 City	Clearwater
85 Zip Code	FL 33755

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, 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

[Signature]

(NOTE: Registered Agent signature required when reinstating)

4/28/99

12. OFFICERS AND DIRECTORS

TITLE	President	<input type="checkbox"/> DELETE
NAME	Michael A. Lander	
STREET ADDRESS	1799 N. Highland Ave. #F93	
CITY-ST-ZIP	Clearwater, FL 33765	
TITLE	Vice President	<input type="checkbox"/> DELETE
NAME	Michael A. Lander	
STREET ADDRESS	1799 N. Highland Ave. #F-93	
CITY-ST-ZIP	Clearwater, FL 33765	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

Date

4/28/99

Daytime Phone #

727-723-2170

CR2E034 (11/98)