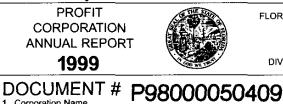
## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

## FILED Feb 23, 1999 8:00 am Secretary of State **Katherine Harris**

02-23-1999 90101 029 \*\*\*150.00

THE VILLAGE LOUNGE, INC. Mailing Address Principal Place of Business 5305 EHRLICH ROAD 5305 EHRLICH ROAD TAMPA FL 33625-5510 TAMPA FL 33625-5510 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 06/03/1998 Applied For 4. FEI Number 5 4-352080 2. Principal Place of Business 2a. Mailing Address Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 City & State \$5.00 May Be City & State 6. Election Campaign Financing Trust Fund Contribution Added to Fees 28 23 Country Zip Country Zip 8. This corporation owes the current year Intangible XYes □No Personal Property Tax. 24 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 FORTUGNO, ELIZABETH Street Address (P.O. Box Number is Not Acceptable) 13715 EALBROOKE DR **TAMPA FL 33624** 83 Zip Code 85 City 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. ☐ Addition DELETE ☐ Change 1.1 TITLE TITLE FORTUGNO, ELIZABETH 12 NAME NAME 13715 WALBROOKE DR STREET ADDRESS 1.3 STREET ADDRESS TAMPA FL 33624 CITY-ST-ZIP 1.4 CITY-ST-ZIP Addition DELETE ☐ Change 2.1 TITLE TITLE NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE 3.1 TITLE ☐ Change TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ DELETE 4.1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4 4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ DELETE 51 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE 6.1 TITLE ☐ Change TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP 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 ceth; 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 or on an attachment with an address, with all other like empowered

SIGNATURE

Daytime Phone #

CR2E034 (11/98)