PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

1999 DIVISION OF CORPORATIONS]
r. Corporado	MENT # P98000 ABARET, INC.	0054197) 1831) DA I HO 1915 I INII DONI DONI DONI DONI DONI DONI DO
Principal Plac	e of Business	Mailing Address			1 ibilibil me ibrat tein ebrit atrit etter etter erter etter erter erter erter erter erter erter erter erter er
		30 SOUTH SPRING STREET			
PENSACOLA FI	l. 32504	PENSACOLA FL 32501			DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualifed 06/17/1998
2. Principal Place of Business 2a. Mailing Address		2a. Mailing Address	_	······································	4. FEI Number Applied For
2. Principal Place of Busiliess 26				59-35 20 991 Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired S8.75 Additional Fee Required
22		27			Fee Required
City & Sta	18	-City & State	<u> </u>		6. Election Compaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zíp	Country	Zip	Countr	у	B. This corporation owes the current year intangible
24	25		30	•	Personal Property Tax. Yes No
165	9. Name and Address of Curr				10. Name and Address of New Registered Agent
			8.	1 Name	
	BROWN, GERALD L			2 Street Add	dress (P.O. Box Number is Not Acceptable)
	30 South Spring Street Pensacola FL 32501				·
PEN			8:	3	
			8-	6 City	F1 85 Zip Code
SIGNATURE			Registered Age		poration submits this statement for the purpose of changing its registered tion's board of directors. I hereby accept the appointment as registered and when reinserting)
12.	OFFICERS	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	☐ DELETE	1.1 TITLE		_ Comings
NAME	HASSELL, RUSSELL A SR. 6420 NORTH 9TH AVENUE		12 NAME	ET ADDRESS	
STREET ADDRESS	PENSACOLA FL 32504		1.4 CITY-		
CITY-ST-ZIP	PENGNOODA 1 E SECOT	☐ DELETE	21 TITLE		☐ Change ☐ Addition
NAME	•		22 NAME		
STREET ADDRESS	s		23 STRE	ET ADDRESS	
CITY-ST-ZIP			2.4 CITY-	ST-ZIP	
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CITY-ST-ZIP			3.4. OTTY-		☐ Change ☐ Additi
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NAME PTREET ADDRESS				ET ADDRESS	
STREET ADDRESS	1		4.4 CITY-		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	1		5.2 NAME	:	
STREET ADDRESS					•
	s		5.3 STRE	ET ADDRESS	·
CITY-ST-ZIP			5.4 CITY-	ET ADDRESS ST-ZIP	The Park
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	s ·	☐ DELETE	5.4 CITY- 6.1 TITLE 6.2 NAME	ET ADDRESS ST-ZIP	☐ Change ☐ Addië
TITLE	· · · · · · · · · · · · · · · · · · ·	☐ DELETE	5.4 CITY- 6.1 TITLE 6.2 NAME	ET ADDRESS ST-ZIP .	☐ Change ☐ Addië

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 certify 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: