

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 10, 1994.
AMOUNT DUE ON OR BEFORE 8/10/94: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

CORPORATION
 ANNUAL REPORT
 1994



FLORIDA DEPARTMENT OF STATE
 201 South
 Secretary of State
 DIVISION OF CORPORATIONS

APPROVED
 AND
 FILED

95 MAY 31 PM 1:37

DOCUMENT # 50 3169

1. Corporation Name:

OCEANSIDE LOUNGE INC.

Mailing Address: SUITE 101
 21 SCARSDALE ROAD
 TUCKAHOE NY 10707

Principal Place of Business:
 500 SOUTH OCEANSHORE BLVD
 FLAGLER BEACH FLORIDA
 32136

200001504222
 -06/02/95--01018--010
 ****225.00 ****225.00

DO NOT WRITE IN THIS SPACE

2. Mailing Address		2a. Principal Place of Business		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		2b		10/01/90		1993	
Suite Apt # etc.		Suite Apt # etc.		4. FEI Number		Applied For	
22		27		59-3028366		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		6. Election Campaign	
23		28		58.75: Additional Fee Required ☒		Financing Trust	
Country		Country		7. Nonprofit with IRS 501(c)(3)		Fund Contribution ☐	
24		29		Tax Exempt Status ☐		\$5.00 May Be	
State		State		8. This corporation has liability for intangible tax under s. 199.032,		Added to Fees	
Zip		Zip		Florida Statutes ☐ Yes ☐ No			

9. Name and Address of Current Registered Agent

DANIEL CASOLLO
 500 SOUTH OCEANSHORE BLVD.
 FLAGLER BEACH FLORIDA
 32136

10. Name and Address of New Registered Agent

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City
 85 Zip Code

FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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 familiar with and accept the obligations of Section 607.0505 or 617.0503, Florida Statutes.

SIGNATURE

(Signature) (Typed Name of Registered Agent) (Typed Name of Agent)

(Signature) (Typed Name of Registered Agent) (Typed Name of Agent)

(Date)

12. OFFICERS AND DIRECTORS				13. CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY ST ZIP	1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY ST ZIP
	President / Director						
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY ST ZIP	2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY ST ZIP
	GERALDINE CASOLLO	SUITE 101 21 SCARSDALE ROAD	TUCKAHOE NY 10707				
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY ST ZIP	3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY ST ZIP
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY ST ZIP	4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY ST ZIP
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY ST ZIP	5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY ST ZIP
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY ST ZIP	6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY ST ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.032(6)(b), Florida Statutes. I further certify that the information included on this annual report or supplemental annual report is true and not false and that my signature shall have the same legal effect and make void any and all other signatures on this report or supplemental annual report as required by Chapter 607 or Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report or on an affidavit with an address.

SIGNATURE: *Geraldine Casullo* Geraldine Casullo
 SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/15/95 9:14 961 0488
 Date Time