

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

FILED
Mar 10 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 536595
1. Corporation Name
TONIGHTS FEATURE OF FLORIDA, INC

Principal Place of Business <u>5120 SW 195 TERRACE</u> <u>FORT LAUDERDALE FL 33332</u> <u>US</u>	Mailing Address <u>5120 SW 195 TERRACE</u> <u>FORT LAUDERDALE, FL 33332</u> <u>US</u>
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2. Principal Place of Business 21 <u>5120 SW 195 TERRACE</u> Suite, Apt. #, etc. 22 City & State 23 <u>FORT LAUDERDALE FL</u> Zip 24 <u>33332</u> Country 25 <u>US</u>	2a. Mailing Address 26 <u>5120 SW 195 TERRACE</u> Suite, Apt. #, etc. 27 City & State 28 <u>FORT LAUDERDALE, FL</u> Zip 29 <u>33332</u> Country 30 <u>US</u>
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3. Date Incorporated or Qualified <u>March 8, 1991</u>	3a. Date of Last Report <u>1996</u>
4. FEI Number <u>65-0295596</u>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

81 Name <u>BREITKREUZ, STEVEN J</u>
82 Street Address (P.O. Box Number is Not Acceptable) <u>5120 SW 195 TERRACE</u>
83
84 City <u>FORT LAUDERDALE FL</u>
85 Zip Code <u>33332</u>

10. Name and Address of New Registered Agent

81 Name <u>BREITKREUZ, STEVEN J</u>
82 Street Address (P.O. Box Number is Not Acceptable) <u>5120 SW 195 TERRACE</u>
83
84 City <u>FORT LAUDERDALE FL</u>
85 Zip Code <u>33332</u>

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 in accordance with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE [Signature] DATE 2-12-97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
	<u>No Change</u>			
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
	<u>Director</u>			
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
	<u>John D. Jones, Jr.</u>			
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
	<u>4600 NW 8th Drive</u>			
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
	<u>Plantation, FL 33317</u>			
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
	<u>Director President</u>			
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
	<u>Steven J Breitkreuz</u>			
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
	<u>5120 SW 195th Terrace</u>			
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
	<u>Fort Lauderdale, FL 33332</u>			

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE	22 NAME	23 STREET ADDRESS	24 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
31 TITLE	32 NAME	33 STREET ADDRESS	34 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
41 TITLE	42 NAME	43 STREET ADDRESS	44 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
51 TITLE	52 NAME	53 STREET ADDRESS	54 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
61 TITLE	62 NAME	63 STREET ADDRESS	64 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do 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.

SIGNATURE: [Signature] DATE: 2-12-97 (954) 680-8049

CR2E034 (9/96)