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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Apr 29, 1999 8:00 am Secretary of State 04-29-1999 90017 022 ***150.00

1999

DOCUMENT # V02024

ACES LOUNGE OF PALMA SOLA, INC.

Principal Place of Business Mailing Address					T I I MAIT METAN WATER IT AND THE PARK I	BIAN Aran gigu Aran gia	il Albii iani
4343 PALMA SILVA		4343 PALMA SOLA BLVD.					
BRADENTON FL 34209		BRADENTON FL 34209		DO NOT WRITE IN THIS SPACE			
US				3. Date In corporated or Qualifed			
					12/24/1991		}
2 Principal P	Place of Business	2a. Mailing Address			4. FEI Number	App	ied For
21	lade of Samuels	26			65-0310314	Not	Applicable
Suite, Art.	#, etc.	Suite, Apt. #, etc.				\$8.75 Ac	ditional
22		27			5. Certificate of Status Desired	Fee Req	uired
City & Stat	te	City & State			6. Election Campaign Financing	\$5.00 A	tay Be
23		28			Trust Fund Contribution	Added to	Fees
Zip	Coun ry	Zip	Country		8. This corporation owes the current ye		
24	25	29	30		Personal Property Tax.	_ 	ONE
	9. Name and Address of Curre	ent Registered Agent	81	Name (10. Name and Address of New Regist	ere a Agent	
MCC	GUIRE AND PARRY P.A.		61	Name	AROL A. KAN	7/10	
	1 - 3RD AVE. WEST		82	Street Addr	ess (P.O. Box Number is Not Acceptable)	and the	1.
	TE 600		83		101 201. DEK.	00.00	
	DENTON FL 34205		03				
יייוע	ELITICITY C 04200		84	City	RALENTON	FL 85 3%	ide //9
44 Durana at	to the provisions of Sections 607.05	502 and 607 1508 Florida Statu	es the above	named com	gration submits this statement for the nurno	se of changing its r.	agistered
office or i	registered agent, or both, in the Stat	e or Florida. Such change was :	authorized by t	he corporation	on's board of cirectors. I hereby accept the	aprointment as reg	stered
agent. ⊢a	am familiar with, and accept the oblig	gations of, Section 607.0505, Fi	orida Statutes	. 1	00 .1	3-26-5	
SIGNATURE	Signature, typed or printed na ne of registered as	vent and title if applicable (NOT	: Registered Agent	signature reguire	d when reinstating) DA	<u> </u>	
12.		ANCI DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICER	RS AND DIRECTOR	S IN 12
TITLE	S	☐ DELETE	1.1 TITLE			Change	☐ Addition
NAME	MONIQUE, RANALLO		1.2 NAME				
STREET ADDRESS	SEAS ASTIL ATOPITE		1.3 STREET	ADDRESS			
CITY-ST-ZIP	BRANDENTON FL		1,4 CITY-ST	ZIP			
TITLE	DPT	☐ DELETE	2.1 TITLE			Change	☐ Addition
NAME	RANALLO, CAROL		22 NAME				
STREET ADDRESS	4343 PALMA SOLA BLVD		2.3 STREET	ADDRESS			1
CITY-ST-ZIP	BRADENTON FL		2. 4 CITY-\$1	T-ZIP			C 1.130
TITLE		☐ DELETE	3.1 TITLE			Change	Addition
NAME			3.2 NAME				
STREET ADDRESS	;		33 STREET	ADDRESS			
CITY-ST-ZIP			34 CITY-ST	T-ZIP			Addition
TITLE		☐ DELETÉ	4.1 TITLE			Change	
NAME			4, 2 NAME				
STREET ADDRESS	3		•				
CITY-ST-ZIP			4.3 STREET				
TITLE		Fibriere	4.3 STREET			C Change	Addition
		☐ DELETE	4.3 STREET 4.4 CITY-ST 5.1 TITLE			☐ Change	☐ Addition
NAME		☐ DELETE	4.3 STREET 4.4 CITY-ST 5.1 TITLE 5.2 NAME	r-zip		☐ Change	Addition
STREET ADDRESS		☐ DELETE	4.3 STREET 4.4 CITY-ST 5.1 TITLE 5.2 NAME 5.3 STREET	ADDRESS		☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP			4.3 STREET 4.4 CITY-ST 5.1 TITLE 5.2 NAME 5.3 STREET 5.4 CITY-ST	ADDRESS			
STREET ADDRESS CITY-ST-ZIP TITLE		☐ DELETE	4.3 STREET 4.4 CITY-ST 5.1 TITLE 5.2 NAME 5.3 STREET 5.4 CITY-ST 6.1 TITLE	ADDRESS		☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP			4.3 STREET 4.4 CITY-ST 5.1 TITLE 5.2 NAME 5.3 STREET 5.4 CITY-ST	ADDRESS [-ZIP			

14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.0 '(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 the my name appears in Block 12 or Block 13 if changed, or on an attacument with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

SIGNATUREAND TYPED ON PRINTED NAME OF SIGNING OFFICE R OR DIRECTOR

4/26/99 Date 941-795-3880 Daytime Phone # CR2E034 (11/98)