

FILE NOW: FILING FEE AFTER MAY 1 IS \$5.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra Burdick
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V29314

(4)

1. Corporation Name

LOST WEEKEND, INC.



Principal Place of Business

115 SOUTH OLIVE AVENUE
WEST PALM BEACH FL 33401

Mailing Address

115 SOUTH OLIVE AVENUE
WEST PALM BEACH FL 33401

3. Date Incorporated or Qualified
04/17/1992

3a. Date of Last Report
04/27/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
65-0329155

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

City & State

City & State

23

28

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MANSELL, TREVOR
518 CLEMATIS STREET
WEST PALM BEACH FL 33401

81 Name SCOTT FRIELICH

82 Street Address (P.O. Box Number is Not Acceptable)

115 S. OLIVE AVE

83

84 City W.P.B.

FL

85

Zip Code 33401

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

Scott Frielich

(If Different) Registered Agent Signature (Required when registering)

4-28-96

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME MAYO, RODNEY B.
STREET ADDRESS 2910 NORTH FLAGLER DR.
CITY-ST-ZIP WEST PALM BEACH FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☒ Addition

1. TITLE V
2. NAME SCOTT FRIELICH
3. STREET ADDRESS 1001 S. FLAGLER DR. #204
14. CITY-ST-ZIP W.P.B. FL. 33401

☐ Change ☐ Addition

2. 1. TITLE
2. NAME
3. STREET ADDRESS
24. CITY-ST-ZIP

☐ Change ☐ Addition

3. 1. TITLE
2. NAME
3. STREET ADDRESS
34. CITY-ST-ZIP

☐ Change ☐ Addition

4. 1. TITLE
2. NAME
3. STREET ADDRESS
44. CITY-ST-ZIP

☐ Change ☐ Addition

5. 1. TITLE
2. NAME
3. STREET ADDRESS
54. CITY-ST-ZIP

☐ Change ☐ Addition

6. 1. TITLE
2. NAME
3. STREET ADDRESS
64. 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 119.07(3)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-96

DATE

407 832-0706

Daytime Phone #

CR2E034 (12/95)