

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

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**Mar 19 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F96000003638 (1)
1. Corporation Name
OUTTA THE HOLE TOURING, INC.



Principal Place of Business: %HABER CORP, 16830 VENTURA BLVD #501, ENCINO CA 91436
Mailing Address: %HABER CORP, 16830 VENTURA BLVD #501, ENCINO CA 91436-1731

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21 State, Apt. #, etc.	22 City & State	26 State, Apt. #, etc.	27 City & State	07/18/1996	
23 Zip	25 Country	28 Zip	30 Country	4. FEI Number	Applied For
24		29		95-4564635	Not Applicable
9. Name and Address of Current Registered Agent				5. Certificate of Status Desired	
LESTER, DON LESTER & MITCHELL 218 E ASHLEY ST JACKSONVILLE FL 32202				8. Election Campaign Financing Trust Fund Contribution	
				<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
				<input type="checkbox"/> \$5.00 May Be Added to Fees	
				6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
				7. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
LESTER, DON LESTER & MITCHELL 218 E ASHLEY ST JACKSONVILLE FL 32202				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City	FL	85 Zip Code	

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DCP ROSSINGTON, GARY	<input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	16830 VENTURA BLVD #501		1.2 NAME
STREET ADDRESS	ENCINO CA 91436		1.3 STREET ADDRESS
CITY-ST-ZIP			1.4 CITY-ST-ZIP
TITLE	S HABER, GARY	<input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	16830 VENTURA BLVD #501		2.2 NAME
STREET ADDRESS	ENCINO CA 91436		2.3 STREET ADDRESS
CITY-ST-ZIP			2.4 CITY-ST-ZIP
TITLE	DC WILKENSON, LEON	<input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	415 SE 12TH ST		3.2 NAME
STREET ADDRESS	FT LAUDERDALE FL 33316		3.3 STREET ADDRESS
CITY-ST-ZIP			3.4 CITY-ST-ZIP
TITLE	DV POWELL, BILLY	<input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5730 SWAMP FOX RD		4.2 NAME
STREET ADDRESS	JACKSONVILLE FL 32210		4.3 STREET ADDRESS
CITY-ST-ZIP			4.4 CITY-ST-ZIP
TITLE	DT ZANT, JOHNNY VAN	<input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4619 PLYMOUTH ST		5.2 NAME
STREET ADDRESS	JACKSONVILLE FL 32205		5.3 STREET ADDRESS
CITY-ST-ZIP			5.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME
STREET ADDRESS			6.3 STREET ADDRESS
CITY-ST-ZIP			6.4 CITY-ST-ZIP

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: _____ DATE: 3/25/97 818) 783-9208

CR2E034 (9/96)