

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # H98896 (4)
1. Corporation Name
92 ENTERTAINMENT SHOWCASE, INC.



Principal Place of Business 2146 HWY. 92 W. P.O. BOX 1242 AUBURDALE FL 33823	Mailing Address 2146 HWY. 92 W. P.O. BOX 1242 AUBURDALE FL 33823
--	--

2. Principal Place of Business 21 Suite, Apt #, etc. 23 City & State 24 Zip Country	2a. Mailing Address 26 Suite, Apt # etc. 27 City & State 29 Zip Country
--	--

3. Date Incorporated or Qualified 02/11/1986	3a. Date of Last Report 06/16/1995
4. FEI Number 59-2633832	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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**PITTMAN, ROBERT S.
210 WOODWARD ST.
LAKELAND FL 33803**

10. Name and Address of New Registered Agent
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 _____ (Type or print name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when re-registering.) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> DELETE
NAME	MANDISH, J.R.
STREET ADDRESS	7552 23RD ST N
CITY-ST-ZIP	ZEPHYRHILLS FL
TITLE	DVP <input type="checkbox"/> DELETE
NAME	MANDISH, BRUCE B.
STREET ADDRESS	1651 SIR HENRY'S TRL
CITY-ST-ZIP	LAKELAND FL
TITLE	AS <input type="checkbox"/> DELETE
NAME	DECATUR, EDWARD
STREET ADDRESS	37 TOWER DRIVE
CITY-ST-ZIP	AUBURDALE FL
TITLE	T <input type="checkbox"/> DELETE
NAME	MANDISH, JOHN E
STREET ADDRESS	3225 CROSSFOX DRIVE
CITY-ST-ZIP	MULBERRY FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Bruce Mandish* **6/29/96** **941-967-6878**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: English Phone #

CR2E034 (3/96)