

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

**FILED**  
**May 06 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # M83184 (5)**

1. Corporation Name  
**ART, MUSIC & ENTERTAINMENT, INC.**



Principal Place of Business % THOMAS L. MCCRIMMON 3816 W. LINEBAUGH AVE. SUITE 408 TAMPA FL 33624	Mailing Address % THOMAS L. MCCRIMMON 3816 W. LINEBAUGH AVE. SUITE 408 TAMPA FL 33624-4900
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>05/25/1988</b>	3a. Date of Last Report <b>06/21/1996</b>
21 4400 W. Sample Rd.	26 4400 W. Sample Rd.	4. FEI Number <b>59-2960590</b>		Applied For Not Applicable	
22 Suite 140	27 Suite 140	5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
23 Coconut Creek, Fl.	28 Coconut Creek, Fl.	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
24 33073 USA	25 USA	29 33073	30 USA	B. 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

**MCCRIMMON, THOMAS L.**  
**3816 W. LINEBAUGH AVE.**  
**SUITE 408**  
**TAMPA FL 33624**

10. Name and Address of New Registered Agent

81 Name  
**Richard T. Avis**

82 Street Address (P.O. Box Number is Not Acceptable)  
**1325 Snell Isle Blvd. NE**

83 **Suite 205C**

84 City  
**St. Petersburg** **FL** 85 Zip Code  
**33704**

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 *Richard T. Avis* DATE **4/26/97**

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>MCCRIMMON, THOMAS L.</b>
STREET ADDRESS	<b>3816 W. LINEBAUGH AVE.</b>
CITY-ST-ZIP	<b>TAMPA FL</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>CUTLER, BERT</b>
STREET ADDRESS	<b>3816 WEST LINEBAUGH AVENUE</b>
CITY-ST-ZIP	<b>TAMPA FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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

11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	<b>D/P</b>
13 STREET ADDRESS	<b>Norman Brander</b>
14 CITY-ST-ZIP	<b>4400 W. Sample Rd. Suite 140</b>
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	<b>D/S</b>
23 STREET ADDRESS	<b>Sheryl Salvadore</b>
24 CITY-ST-ZIP	<b>4400 W. Sample Rd. Suite 140</b>
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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 *Richard T. Avis* DATE **4/25/97** 1-813-664-0110

CR2E034 (9/96)