## \_\_FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## **FILED** Jan 27 1997 8:00am Secretary of State

1997

DOCUMENT # **P94000025703 (7)**1. Corporation Name:

EVENTS MAD Principal Place of Buttered Surreger	usiness	Mailing Address 19425-W SUNRISE-BLYD &	560 Bade	Run (				
PLANTATION PL 3332 US	33434	US PLANTATION FL 33322 5670 DOCEL 120-151/ FL 3		FL 33	3. Date Incorporated or Qualified 04/04/1994	3a. Date of Last Report 04/09/1996		
2. Principal Place of	f Business	2a. Mailing Address			4. FEI Number	1 ,,,	<del></del>	oplied For
21		26			65-0478027			ot Applicable
Suite, Apt. #, etc		Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75	
City & State		City & State			6 Floring Councils Floring			equired
23		28			Election Campaign Financing     Trust Fund Contribution		<b>\$5.00</b> Added 1	
Zip	Country	Zip	Country		8. This corporation has liability for i	ntangible	<del></del>	<del></del>
24	25	29 30	أ أ		· · · · · · · · · · · · · · · · · · ·		No	. 100.002,
9.	Name and Address of Current F	legistered Agent			10. Name and Address of New Re-	gistered /	Agent	
	EDWARD D		81 Nam	ie				
2499 GLA			82 Stree	et Addre	ss (P.O. Box Number is Not Acceptab	le)		<del></del>
SUITE 114			20					
BUCA KA	TON FL 33431		83					
			84 City		· · · · · · · · · · · · · · · · · · ·	FL	85 Zip (	Code
SIGNATURE Signator	ne type dial printed frame of registered agent a	nd tile if applicator (NOTE R	norized by the classification and statutes.			DATE		
12.	OFFICERS AND I		13.		ADDITIONS/CHANGES TO OFFIC	ERS AND		
TITLE D	CKERMAN, EDWARD	☐ DELETE	1.1 THILE				Change	Addition
-404	25 W. CUNRISE BLVD., SUITI	8560 Eagle Run Boca Raton FL	1.2 NAME					
CLA	NTATION FL 22322	Orra Doba El	1.3 STREET ADDRES	S	·			
CITY-ST-7IP	ATTITUTE TO COLL	DENESS OF IC	1.4 CITY-ST-ZIP 2.1 TITLE				Change	Addition
NAME		- 37707	2.2 NAME				cge	
STREET ADDRESS			2.3 STREET ADDRES	s				
CITY-ST-ZIP			2. 4 CITY-ST-ZIP		<sup>12</sup>	7.F		
TITLE		DELETE	31 TITLE				☐ Change	Addition
NAME			3.2 NAME		í	Ī		
STREET ADDRESS			3.3 STREET ADDRES	S				
CITY-ST-ZIF		□ oc:eze	3.4. CITY-ST-ZIP				T 1 61	
TITLE		☐ DELETE	4.1 TITLE				L Change	Addition
NAME			4. 2 NAME					
STREET ADORESS			4.3 STREET ADDRES	8				
CITY-ST-ZIP TITLE		DELETE	4.4 CITY-ST-ZIP 5.1 TITLE	-			Change	Addition
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREET ADDRES	s				
CHY-ST-ZIP			5.4 CITY-ST-ZIP					
TITLE	**************************************	☐ DELETE	6.1 TITLE		·		Change	Addition
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREET ADDRES	s				
CITY-ST-ZIP			6.4 CITY - ST-ZIP					
information indic	cated on this annual report or sur	plemental annual report is true	and accurate a	nd that r	in Section 119 07(3)(i), Florida Statute my signature shall have the same lega as required by Chapter 607, Florida S	l effect as	if made un	der oath: that

SIGNATURE: SIGNATURE AND TYPED OR PRINTED JAME OF SIGNING OFFICER OR DIRECTOR