

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

FILED  
Jan 22, 1999 8:00am  
Secretary of State

01-22-1999 90049 038 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P94000062953**

1. Corporation Name  
**PRESTIGE SHOW SERVICES, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business <b>327 MEADOW CT OCOE FL 34761 US</b>	Mailing Address <b>P.O. BOX 576 OCOE FL 34761 US</b>
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3. Date Incorporated or Qualified <b>08/25/1994</b>	
4. FEI Number <b>59-3266722</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Country <b>29</b>	Zip <b>30</b>

9. Name and Address of Current Registered Agent

**BOYDEN STEVEN**  
**PRESTIGE SHOW SERVICES, INC.**  
**327 NEW MEADOWS COURT**  
**OCOE FL 34761**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code <b>FL</b>

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

TITLE <b>PSD</b>	<input type="checkbox"/> DELETE
NAME <b>SCALI, THOMAS J</b>	
STREET ADDRESS <b>202 TARANTO WAY</b>	
CITY-ST-ZIP <b>POINCIANA FL 34758</b>	
TITLE <b>VPT</b>	<input type="checkbox"/> DELETE
NAME <b>BOYDEN, STEVEN</b>	
STREET ADDRESS <b>327 NEW MEADOWS COURT</b>	
CITY-ST-ZIP <b>OCOE FL 34761</b>	
TITLE <b>BOYDEN STEVEN</b>	<input type="checkbox"/> DELETE
NAME <b>PRESTIGE SHOW SERVICES, INC.</b>	
STREET ADDRESS <b>327 NEW MEADOWS COURT</b>	
CITY-ST-ZIP <b>OCOE FL 34761</b>	
TITLE <b>327 MEADOWS CT</b>	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE <b>PSD</b>	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE <b>SCALI THOMAS J</b>	<input type="checkbox"/> DELETE
NAME <b>202 TARANTO WAY</b>	
STREET ADDRESS <b>POINCIANA FL 34758</b>	
CITY-ST-ZIP <b>VPT</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE <b>59-3266722</b>	<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 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, with all other like empowered.

SIGNATURE *Thomas J Scali*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-7-99 407-856-1000  
Date Daytime Phone #

CR2E034 (11/98)