

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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

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DOCUMENT # P97000027377

1. Corporation Name
WEST PALM ENTERTAINMENT, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
**401 E. SEMORAN BLVD.
CASSELBERRY FL 32707**

Mailing Address
**750 N. MAITLAND AVENUE
MAITLAND FL 32751
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **03/26/1997**
4. FEI Number: **59-3448611** Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: **\$5.00** May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax: Yes No
10. Name and Address of New Registered Agent

2. Principal Place of Business

2a. Mailing Address

21. Suite, Apt. #, etc.

26. **200 North Thornton Ave**
Suite, Apt. #, etc.

22. City & State

27. City & State
28. **Orlando, Florida**

23. Zip Country

29. **32801** 30.

9. Name and Address of Current Registered Agent

**SMITH, RANDALL C. ESQ
750 N. MAITLAND AVENUE
MAITLAND FL 32751**

81. Name: **Randall C. Smith, Esq**
82. Street Address (P.O. Box Number is Not Acceptable): **200 North Thornton Avenue**
83. City: **Orlando** FL 85. Zip Code: **32801**

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 is 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: *[Signature]*
Signature typed or printed name of registered agent as to which applicable

DATE: **2/25/99**
Date typed or printed name of registered agent as to which applicable

12. OFFICERS AND DIRECTORS

TITLE	D	[] DELETE
NAME	VEIGLE, JAMES	
STREET ADDRESS	401 E. SEMORAN BLVD.	
CITY-ST-ZIP	CASSELBERRY FL 32707	
TITLE	D	[] DELETE
NAME	VEIGLE, CHARLES	
STREET ADDRESS	401 E. SEMORAN BLVD.	
CITY-ST-ZIP	CASSELBERRY FL 32707	
TITLE	S	[] DELETE
NAME	VOEGLIN, NANCY	
STREET ADDRESS	401 E. SEMORAN BLVD	
CITY-ST-ZIP	CASSELBERRY FL 32707	
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE	[] Change [] Addition
12. NAME	
13. STREET ADDRESS	
14. CITY-ST-ZIP	
21. TITLE	
22. NAME	
23. STREET ADDRESS	
24. CITY-ST-ZIP	
31. TITLE	[] Change [] Addition
32. NAME	
33. STREET ADDRESS	
34. CITY-ST-ZIP	
41. TITLE	[] Change [] Addition
42. NAME	
43. STREET ADDRESS	
44. CITY-ST-ZIP	
51. TITLE	[] Change [] Addition
52. NAME	
53. STREET ADDRESS	
54. CITY-ST-ZIP	
61. TITLE	[] Change [] Addition
62. NAME	
63. STREET ADDRESS	
64. CITY-ST-ZIP	

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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b) 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: *Nancy Voegtlin* **Nancy Voegtlin, Sec. 2/26/99 (407) 767-2977**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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