


**FILED**  
**May 07, 1999 8:00 am**  
**Secretary of State**

05-07-1999 90028 005 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P97000088160**

1. Corporation Name  
**6FOE N. TER.TAIN.MENT, INC.**



Principal Place of Business 3605 CHESHIRE SQ. #C SARASOTA FL 34234	Mailing Address 3605 CHESHIRE SQ. #C SARASOTA FL 34234
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>3605 CHESHIRE SQ</b> Suite, Apt. #, etc. <b>#C</b>		2a. Mailing Address 26 <b>3605 CHESHIRE SQ</b> Suite, Apt. #, etc. <b>#C</b>		3. Date Incorporated or Qualified <b>10/13/1997</b>	
22 <b>SARASOTA FLA.</b>		27 <b>SARASOTA FLA.</b>		4. FEI Number <b>65-0790933</b>	
23 <b>34234</b> 25 <b>SARASOTA</b>		29 <b>34234</b> 30 <b>SARASOTA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
24 <b>34234</b> 25 <b>SARASOTA</b>		29 <b>34234</b> 30 <b>SARASOTA</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
24 <b>34234</b> 25 <b>SARASOTA</b>		29 <b>34234</b> 30 <b>SARASOTA</b>		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

8. Name and Address of Current Registered Agent DANTZLER, LOVELL JR. 3545 CHESHIRE SQ. #D SARASOTA FL 34234				10. Name and Address of New Registered Agent			
B1 Name		B2 Street Address (P.O. Box Number is Not Acceptable)		B3		B4 City	
<b>LOVELL DANTZLER JR.</b>		<b>3605 CHESHIRE SQ #C</b>				<b>SARASOTA FL</b>	
						85 Zip Code <b>34234</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 607.1505, Florida Statutes.

SIGNATURE *Lovell Dantzler Jr.* **LOVELL DANTZLER JR 4-30-99**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCEO <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DANTZLER, LOVELL JR	1.2 NAME	
STREET ADDRESS	3545 CHESHIRE SQ. #D	1.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34234	1.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DANTZLER, LOVELL JR	2.2 NAME	
STREET ADDRESS	3545 CHESHIRE SQ. #D	2.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34234	2.4 CITY-ST-ZIP	
TITLE	VS <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DANTZLER, DONNA A	3.2 NAME	
STREET ADDRESS	3545 CHESHIRE SQ. #D	3.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34234	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *Lovell Dantzler Jr.* **LOVELL DANTZLER JR 4-30-99**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (1/98)

(941) 362-9854