

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
 Jul 13 1998 8:00am
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # V47537 (8)

1. Corporation Name
KARAOKE SHOWCASE, INC.



Principal Place of Business 12072 BONNIE TERRACE SEMINOLE FL 34642	Mailing Address 12072 BONNIE TERRACE SEMINOLE FL 33772 US
--	--

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/02/1992

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

4. FEI Number 59-3262175	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

JONES, TERRY L
12072 BONNIE TERR
SEMINOLE FL 33772

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

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DP	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME JONES, TERRY		1.2 NAME	
STREET ADDRESS 12072 BONNIE TERR		1.3 STREET ADDRESS	
CITY-ST-ZIP SEMINOLE FL		1.4 CITY-ST-ZIP	
TITLE VP	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LORD, PATRICIA A		2.2 NAME	
STREET ADDRESS 4215 E. BAY DR. #14120		2.3 STREET ADDRESS	
CITY-ST-ZIP CLEARWATER FL 34624		2.4 CITY-ST-ZIP	
TITLE S	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ALLTOP, MARCIA M		3.2 NAME	
STREET ADDRESS 6148 SEBRING ST.		3.3 STREET ADDRESS	
CITY-ST-ZIP SPRING HILL FL		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	

600002587886
 -07/14/98--01027--033
 ***150.00

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.

SIGNATURE: *Terry L Jones* 7/7/98

CR2E034 (5/98)



②

KARAOKE Showcase™

INC.

TO CONCERN
Florida Department of State
P.O. BOX 6327
Tallahassee, Fl 32314


TO WHOM IT MAY CONCERN:

Please accept my check for \$150.00 for renewal of my corporation. Just recently I was in the hospital for depression for 11 days. Upon returning to my work I received the 2nd notice that my corporation renewal needed to be paid. I cannot find the paperwork and do not believe that I ever received the first notice. This is the third time this has happened to me and I feel that if I got the first notice I would certainly not let this keep happening over and over again.

Anyway, I have looked everywhere and because my bookkeeper left me over six months ago and I am now doing the books myself I feel completely out of sorts with this whole thing.

I called the main number and they gave me your name and address and they said I needed to write this letter. Hopefully everything will work out. Thank you for your consideration.

Sing Cereby,



Terry L. Jones
President