

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

FILED
Feb 10 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 220708 (2)

1. Corporation Name
JAMES E. STRATES SHOWS, INC.

Principal Place of Business PO BOX 55 ORLANDO FL 32802	Mailing Address PO BOX 55 ORLANDO FL 32802
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/26/1959	
21. Suite, Apt. #, etc.	22. City & State	26. Suite, Apt. #, etc.	27. City & State	4. FEI Number 59-0866203	Applied For Not Applicable
23. Zip	25. Country	28. Zip	30. Country	5. Certificate of Status Desired <input 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 type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
STRATES (E JAMES) 10600 S ORANGE AVE ORLANDO FL 32802				81. Name	
				82. Street Address (P.O. Box Number is Not Acceptable)	
				83.	
				84. City	FL 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	S	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENITEZ, AGUSTIN J.	1.2 NAME	
STREET ADDRESS	10600 S ORANGE AVENUE	1.3 STREET ADDRESS	7120 Lake Ellenor Drive
CITY-ST-ZIP	TAFT FL	1.4 CITY-ST-ZIP	Orlando, FL 32809
TITLE	DPT	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STRATES, E JAMES	2.2 NAME	
STREET ADDRESS	10600 S ORANGE AVENUE	2.3 STREET ADDRESS	7120 Lake Ellenor Drive
CITY-ST-ZIP	TAFT FL	2.4 CITY-ST-ZIP	Orlando, FL 32809
TITLE	ASD	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEYERS, PAUL L.	3.2 NAME	
STREET ADDRESS	10600 S ORANGE AVENUE	3.3 STREET ADDRESS	7120 Lake Ellenor Drive
CITY-ST-ZIP	TAFT FL	3.4 CITY-ST-ZIP	Orlando, FL 32809
TITLE	VSP	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRAUNSTEIN, BENJAMIN F.	4.2 NAME	
STREET ADDRESS	10600 S ORANGE AVENUE	4.3 STREET ADDRESS	
CITY-ST-ZIP	TAFT FL	4.4 CITY-ST-ZIP	
TITLE		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		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 as an attachment with an address.

SIGNATURE: *E. James Strates* E. James Strates, Pres 1/16/98 (407) 855-3939

CR2E034 (10/97)