## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT** 



FLORIDA DEPARZMENT OF STATE

ANNU	PORATION AL REPORT 1996 J-23-96	Secreta	B. Mortham ary of State	ONS			
1. Corporation	MENT # <b>F66957</b> CAN CONCERTS INCORPOR	( )					
Principal Place	of Business	Mailing Address			T LOUILOG TILL GYAYA DILIN FORM DILIN FORM	<b>                                    </b>	DIDII BADII DEDIC IDEI
3302 AZEELE TAMPA FL 336	_	3302 AZEELE ST. TAMPA FL 33609					
					<ol> <li>Date Incorporated or Qualified 02/12/1982</li> </ol>	3a. Date of L. 03/30	
2. Principal Pla	ice of Business	2a. Mailing Address			4. FEI Number		Applied For
21	· · · · · · · · · · · · · · · · · · ·	26			59-2167592		Not Applicable
Suite, Apl. #	, etc.	Suite, Apt. #, etc. 27			5. Certificate of Status Desired		3.75 Additional Fee Required
City & State		City & State			<ol><li>Election Campaign Financing Trust Fund Contribution</li></ol>		5.00 May Be Added to Fees
Zip <b>24</b>	Country 25	F, ' F, '			8. This corporation has liability for intangible tar Florida Statutes  Yes No		x under s 199.032,
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New R	egistered Agen	it
SUITE 37 TAMPA F	L 33602	and 607.1508, Florida Statute	83 84 s, the above-	,	oration submits this statement for the purpard of directors. I hereby accept the apport	FL 85	
familiar with SIGNATURE _	h, and accept the obligations of, Secti	on 607.0505, Florida Statutes.				ointment as regis	lered agent. I am
12.	Signature, typed or printed naturilly fregistered agent and title if applicable (NO OFFICERS AND DIRECTORS		IE: Registered Ager	il signature recuir	red when reinstating) ADDITIONS/CHANGES TO OFFI	DATE	OTODO IN 10
TITLE	STD	DELETE		<del></del> -	ADDITIONS/ONANGES TO OFFI	CENS AND DING	
NAME STREET ADDRESS	ARNOLD, JIM (ASST) 3302 AZEELE		1.2 NAME 1.3 STREFT ADDRESS				, resilien
CITY ST ZIF	TAMPA, FL 00000 VD	E3 priete	1.4 CITY-ST-ZIP				
TILLE	CASTELLANO, PAUL	DELETE	2 1 TITLE			☐ Chi	ange
STREET ADDRESS	3302 AZEELE		2 2 NAME 2 3 STREET	ADDRESS			
CITY ST ZIF	TAMPA, FL 00000			7- ZIP			
THE	PSD AND MELCON	EL CON			•	☐ Chi	ange Addition
NAME	CASTELLANO, NELSON		3.2 NAME				
STREET ADDRESS	3302 AZEELE TAMPA, FL 00000			T ADDRESS			
COY-ST-ZIP THEE	TAMPA, PL 00000		3.4 CHTY-5 4. 1 THLE	17-ZIP		☐ Cha	ange
NAME			4.1 MLE				mile T Manitott
STREET ADDRESS			4.2 NAME	ADDRESS			
CiTY-ST-ZIP			4.4 City - S				
TITLE		DELETE	5. 1 TITLE			Chi	ange Addition
NAM(		<del>_</del>	5.2 NAME	,			

6.4 CITY - ST - ZIP 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 1331 changed, or on an attachment with an address.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5 4 CITY - ST - ZIP

6 1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

C(TY - 51 - Z(F)

CHIY-SI-ZIF

THLE

NAME.

DELETE

12/96 813-877-8066 Delto Beginne Proce 1

☐ Change

Addition