

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
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90184 003 ***150.00

DOCUMENT # F94000003352

1. Corporation Name
STEVE MIZERAK PROMOTIONS, INC.



Principal Place of Business	Mailing Address
C/O ROSENBERG RICH BAKER BERMAN & CO. 195 MAPLEWOOD AVE. MAPLEWOOD NJ 07040 US	C/O ROSENBERG RICH BAKER BERMAN & CO. 195 MAPLEWOOD AVE. MAPLEWOOD NJ 07040 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 C/O Rosenberg Rich Baker Berman & Co. Suite, Apt. #, etc. 22 Co, 111 Dunnell Road City & State 23 Maplewood NJ Zip Country 24 07040 25 Essex	26 C/O Rosenberg Rich Baker Berman & Co. Suite, Apt. #, etc. 27 111 Dunnell Road City & State 28 Maplewood NJ Zip Country 29 07040 30 Essex

3. Date Incorporated or Qualified 06/27/1994	4. FEI Number 22-2418282	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		

9. Name and Address of Current Registered Agent

IGOE, JOHN G
250 ROYAL PALM WAY, 3RD FLOOR
PALM BEACH FL 33480

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PDC ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	MIZERAK, STEVE	1.2 NAME	
STREET ADDRESS	1085 MORSE ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	SINGER ISLAND FL 33404-2744	1.4 CITY-ST-ZIP	
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ 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:

Steve Mizerak
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)