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Apr 30 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F95000002982 (5)

1. Corporation Name
CONCERTS SOUTH, INC.

Principal Place of Business
819 S. FEDERAL HIGHWAY
DEERFIELD BEACH FL 33443

Mailing Address
819 S. FEDERAL HIGHWAY
DEERFIELD BEACH FL 33441-5751



2. Principal Place of Business
21 44 S.E. 14th STREET

Suite, Apt. #, etc.
22 SUITE #209

City & State
23 BOCA RATON, FLORIDA

Zip
24 33432

Country
25 USA

2a. Mailing Address
26 CONCERTS SOUTH INC.

Suite, Apt. #, etc.
27 P.O. BOX 8692

City & State
28 DEERFIELD BCH. FL.

Zip
29 33443

Country
30 USA

3. Date Incorporated or Qualified
06/19/1995

3a. Date of Last Report
07/23/1996

4. FEI Number
65-0589300

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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

OKUN, STEWART
10120 N.W. 43RD STREET
CORAL SPRINGS FL 33065-2361

10. Name and Address of New Registered Agent

81 Name
JOSEPH MICHAEL MASERATTI
82 Street Address (P.O. Box Number is Not Acceptable)
44 S.E. 14th STREET
83 SUITE #209
84 City
BOCA RATON, FLORIDA FL 85 Zip Code
33432

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PCD
MASERATTI, JOSEPH M
21463 TOWN LAKES DRIVE, #4-22
BOCA RATON FL ☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
OKUN, STEWART
10120 N.W. 43RD STREET
CORAL SPRINGS FL 81 ☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
PCD
MASERATTI, JOSEPH M
44 S.E. 14th STREET #209
BOCA RATON FL ☒ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ Change ☐ Addition

14. I do 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 *[Signature]* 1-15-97 (611)3953005

CR2E034 (9/96)