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

DOCUMENT # F9800000173

1. Corporation Name

TAMIAMI ENTERTAINMENT COMPANY

						4) 	ildi uu dik ba ik			
Principal Place of Business Mailing Address											
5777 BENEVA RD. 5777 BENEVA RD.						1					
SARASOTA FL 34233 SARASOTA FL 34233							DO NOT WRITE IN THIS SPACE				
						 	3. Date Incorporated or Qualifed				1
							01/12/1998				
2 Principal Pl	ace of Business	2a. Mailing Ac	2a. Mailing Address				4. FEI Number		App	lied For	1
— ·	200 01 200111000		26				52-2064925	F	Not	Applicable	1
Suite, Apt.	# etc.		Suite, Apt. #, etc.					\$8.	75 A	dditional	ì
22	, , ,	 	27				5. Certificate of Status Desired Fee Required				
City & State	0		City & State			1	6. Election Campaign Financing \$5.00 May Be				
23		28	28				Trust Fund Contribution Added to Fees				
Zip	Country	C	Country			8. This corporation owes the current year Intangible					
24	25	29	29 30			Personal Property Tax.			3	No	
	9. Name and Address of Current Registered Agent			$oxed{\Box}$		10. Name and Address of New Registered Agent					
			-	81	Name						
	wett, Daniel			82	Street	Address	(P.O. Box Number is Not Acceptable)				
5777	' Beneva RD.					Street Address (1.0, box 14dillbor is 1401 Acceptable)					
SAR	ASOTA FL 34233			83	1						1
					0.1			loc	Zip C	odo	-
,				84	City		F	L 85	ZIP C	oue	
11. Pursuant	to the provisions of Sections 6	07.0502 and 607.1508, FI	orida Statutes, the	abov	e-named	corpora	tion submits this statement for the purpose	of changi	ng its r	egistered	1
office or re	egistered agent, or both, in the m familiar with, and accept the	State of Florida. Such ch	ange was authoriz	ed by:	the corpo	oration's	board of directors. I hereby accept the ap	pointment	as regi	istered	
_	nrianillar with, and accept the	obligations of, decilon of	17.0000, 1 lollad 00	e la loc	•						
SIGNATURE	Signature, typed or printed name of regist	tered agent and title if applicable.	(NOTE: Registe	red Agei	nt signature r	required wh	en reinstating) DATE] <u></u>
12.	OFFICE	RS AND DIRECTORS	(1:	3.			ADDITIONS/CHANGES TO OFFICERS				CR2E034 (11/98)
TITLE	CPST	<u> </u>	DELETE 1.1		TITLE CF		Time	K Ch	ange	☐ Addition	È
NAME	BOND, TIMOTHY	•	1.2	1.2 NAME		Bu	CHANS, TIMOTHY				용
STREET ADDRESS	5777 BENEVA RD.			1.3 STREET ADDRESS 5		57	CHANS, TI MOTHY 17 BENEVA ROLL RASOTA, FL 34233				🖺
CITY-ST-ZIP	SARASOTA FL 34233		1.4 C		CITY-ST-ZIP S/		PASOTA, FL 34233				1 82
TITLE			DELETE 2.1 TIT				,	☐ Ch	ange	Addition	0
NAME			2.2		2.2 NAME						
STREET ADDRESS			2.3	2.3 STREET ADDRESS							
CITY-ST-ZIP			2.4	4 CITY-S	ST-ZIP						
TITLE				3.1 TITLE				□ Ch	ange	Addition	
NAME			3.2 N								
STREET ADDRESS			3.3	STREE	TADDRESS						
CITY-ST-ZIP			3.4	I. ÇITY-S	ST-ZIP						
TITLE		Ĺ	DELETE 4.1	TITLE				Ch	ange	☐ Addition	
NAME			4.1	2 NAME		1					}
STREET ADDRESS			4.3	STREE	T ADDRESS						
CITY-ST-ZIP	•		4.4	CITY-S	T-ZIP						
TITLE				TITLE		<u> </u>		□ Cr	ange	☐ Addition]
NAME			5.2	NAME							
STREET ADDRESS	ti		5.3	STREE	TADORESS						
CITY-ST-ZIP			5.4	CITY-S	T-ZIP						
TITLE			DELETE 61	TITLE		<u> </u>		☐ Ch	ange	☐ Addition	1
NAME			6.2	NAME							
STREET ADDRESS			6.3	STREE	TADDRESS						

STREET ADDRESS

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 of 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.

6.4 CITY-ST-ZIP

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May 06, 1999 8:00 am Secretary of State

05-06-1999 90006 046 ***150.00