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Apr 07 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 # H98896 (4)

1. Corporation Name  
92 ENTERTAINMENT SHOWCASE, INC.



Principal Place of Business  
2146 HWY. 92 W.  
P.O. BOX 1242  
AUBURNDALE FL 33823

Mailing Address  
2146 HWY. 92 W.  
P.O. BOX 1242  
AUBURNDALE FL 33823-1242

3. Date Incorporated or Qualified  
02/11/1986

3a. Date of Last Report  
07/05/1996

4. FEI Number  
59-2633832

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

2. Principal Place of Business  
21 State, Apt. #, etc.  
22 City & State  
23 Zip Country  
24 25

2a. Mailing Address  
26 Suite, Apt. #, etc.  
27 City & State  
28 Zip Country  
29 30

9. Name and Address of Current Registered Agent

PITTMAN, ROBERT S.  
210 WOODWARD ST.  
LAKELAND FL 33803

10. Name and Address of New Registered Agent

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

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          | PD                   | <input type="checkbox"/> DELETE            |
| NAME           | MANDISH, J.R.        |  |
| STREET ADDRESS | 7552 23RD ST N       |  |
| CITY- ST- ZIP  | ZEPHYRHILLS FL       |  |
| TITLE          | DVP                  | <input type="checkbox"/> DELETE            |
| NAME           | MANDISH, BRUCE B.    |  |
| STREET ADDRESS | 1851 SIR HENRY'S TRL |  |
| CITY- ST- ZIP  | LAKELAND FL          |  |
| TITLE          | AS                   | <input checked="" type="checkbox"/> DELETE |
| NAME           | DECATUR, EDWARD      |  |
| STREET ADDRESS | 37 TOWER DRIVE       |  |
| CITY- ST- ZIP  | AUBURNDALE FL        |  |
| TITLE          | T                    | <input type="checkbox"/> DELETE            |
| NAME           | MANDISH, JOHN E      |  |
| STREET ADDRESS | 3225 CROSSFOX DRIVE  |  |
| CITY- ST- ZIP  | MULBERRY FL          |  |
| TITLE          |                      | <input type="checkbox"/> DELETE            |
| NAME           |                      |  |
| STREET ADDRESS |                      |  |
| CITY- ST- ZIP  |                      |  |
| TITLE          |                      | <input type="checkbox"/> DELETE            |
| NAME           |                      |  |
| STREET ADDRESS |                      |  |
| CITY- ST- ZIP  |                      |  |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |  |
|--------------------|--|
| 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                  |
| 1.2 NAME           |  |
| 1.3 STREET ADDRESS |  |
| 1.4 CITY- ST- ZIP  |  |
| 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                  |
| 2.2 NAME           |  |
| 2.3 STREET ADDRESS |  |
| 2.4 CITY- ST- ZIP  |  |
| 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                  |
| 3.2 NAME           |  |
| 3.3 STREET ADDRESS |  |
| 3.4 CITY- ST- ZIP  |  |
| 4.1 TITLE          | T, AS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME           |  |
| 4.3 STREET ADDRESS |  |
| 4.4 CITY- ST- ZIP  |  |
| 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                  |
| 5.2 NAME           |  |
| 5.3 STREET ADDRESS |  |
| 5.4 CITY- ST- ZIP  |  |
| 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                  |
| 6.2 NAME           |  |
| 6.3 STREET ADDRESS |  |
| 6.4 CITY- ST- ZIP  |  |

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: Bruce Mandish  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/9/97 (941) 967-6878  
Date Daytime Phone #

CR2E034 (9/96)