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**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

HONEYLAMB ORCHESTRAS AND  Principal Place of Business  3500 N STATE RD 7 SUITE 479 FT LAUDERDALE FL 33319 US	Mailing Address  9500 N STATE RD 7 SUITE 149 FT LAUDERDALE FL S			Date Incorporated or Qualified	3a, D	Date of Last R	
6. Charles 1. Disease 6. Disease				12/22/1986	03	/18/1996	
2. Principal Place of Business	2a. Mailing Address			4. FEI Number 65-0000238		<del></del>	oplied For ot Applicable
Suite, Apt #, ctc.	Suite, Apt #, etc.		+				Additional
2	27			5. Certificate of Status Desired		Fee Re	
City & State	City & State			6. Election Campaign Financing	F-3		May Be
3	28	Country		Trust Fund Contribution		************	to Fees
Zip Country 25	Z(p 29	Country 30		<ol> <li>This corporation has fiability for Florida Statutes</li> </ol>	or intengibl Yes		. 199.032,
9. Name and Address of Curre				10. Name and Address of New F			
SCHWARTSZ, ERIC R.		81 Nan	ne	**************************************			
3500 N STATE ROAD 7		B2 Street Add		s (P.O. Box Number is Not Accepte	able)		~~~
LAUDERDALE LAKES FL 33319				TO TOO TOO TOO TOO TOO TOO TOO TOO TOO			
		83					
		84 City		,		<b>85</b> Zip	Code
					<u>Fl</u>	_	
off an arranging and agent or both in the Ctal	502 and 607.1508, Florida St	atutes, the above nam	ed corpora	ation submits this statement for the	purpose i	of changing i	is registered
11. Pursuant to the provisions of Sections 607.05 office or registered agent or both, in the Stall agent Familiar with, and accept the oblig SIGNATURE  Signature, typed or printed name of registered a.		atutes, the above-namy yas authorized by the c s, Florida Statutes. (NOTE Registered Agent signs		when reinstating)	DATE		
SIGNATURE Signature, typed or printed name of registered to  12. OF FICERS AT	gion; and tito if applicable ND DIRECTORS	(NOTE: Registered Agent signs			DATE	ID DIRECTOR	3S IN 12
SIGNATURE Signature, type dier printed name et regis seed to  12. OF FICE-RS AF  INTER DP	gent and this if applicable	(NOTE Registered Agent signs 13. 1.1 TITLE		when reinstating)	DATE		
SIGNATURE Signature, typic for printed name of registracity.  12. OF FICERS AT  INTER DP  OLSHER, RENEE	gion; and tito if applicable ND DIRECTORS	(NOTE Registered Agent agns 13. 1.1 TiTLE 1.2 NAME	sture required v	when reinstating)	DATE	ID DIRECTOR	3S IN 12
SIGNATURE Signature, typed or printed name of registered it.  12. OF FICERS AT  THE DP  OLSHER, RENEE  9926 NW 65TH CT	gion; and tito if applicable ND DIRECTORS	(NOTE Registered Agent signs 13. 1.1 TiTLE 1.2 NAME 1.3 STREET ADDRES	sture required v	when reinstating)	DATE	ID DIRECTOR	3S IN 12
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Feb 24 1997 8:00am

Secretary of State