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FILED
May 06 1998 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1998

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

DOCUMENT # J50368 (6)
1. Corporation Name
HONEYLAMB ORCHESTRAS AND ENTERTAINMENT, INC.



Principal Place of Business
3500 N STATE RD 7
SUITE 479
FT LAUDERDALE FL 33319
US

Mailing Address
3500 N STATE RD 7
SUITE 149
FT LAUDERDALE FL 33319
US

DO NOT WRITE IN THIS SPACE

| | | | | | |
|--------------------------------|--|---------------------|--|---|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | |
| 21 8333 W. McNAB Rd | | 26 8333 W. McNAB Rd | | 12/22/1986 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 4. FEI Number | |
| 22 STE. 222 | | 27 STE. 222 | | 65-0000238 | |
| City & State | | City & State | | Applied For | |
| 23 TAMARAC, FL | | 28 TAMARAC, FL | | Not Applicable | |
| Zip | | Zip | | 5. Certificate of Status Desired | |
| 24 33321 | | 29 33321 | | <input type="checkbox"/> \$8.75 Additional Fee Required | |
| Country | | Country | | 6. Election Campaign Financing | |
| 25 US | | 30 US | | Trust Fund Contribution | |
| | | | | <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| | | | | 8. This corporation owes or has paid the current year Intangible | |
| | | | | Personal Property Tax due June 30. | |
| | | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCHWARTSZ, ERIC R.
3500 N STATE ROAD 7
LAUDERDALE LAKES FL 33319

81 Name Renee Olsheer
82 Street Address (P.O. Box Number is Not Acceptable)
83 8333 W. McNAB Rd
84 STE. 222
85 City TAMARAC FL Zip Code 33319

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 *Renee Olsheer* Pres. *Renee Olsheer* 1/27/98
Signature, typed or printed name of registered agent and date of registration. (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-----------------|---|---|
| TITLE | DP | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | OLSHER, RENEE | 1.2 NAME | |
| STREET ADDRESS | 0926 NW 65TH CT | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | TAMARAC FL | 1.4 CITY-ST-ZIP | |
| TITLE | D | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | OLSHER, MURRAY | 2.2 NAME | |
| STREET ADDRESS | 0926 NW 65TH CT | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | TAMARAC FL | 2.4 CITY-ST-ZIP | |
| TITLE | | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: *Murray Olsheer* 1/27/98 947204666

CR2E034 (10/97)