## 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 # **J70211**

1. Corporation Name

## FILED May 01, 1999 8:00 am Secretary of State

05-01-1999 90056 041 \*\*\*150.00

HANK S	TEINBORN PROMOTIONS,	INC.							
Principal Plac	e of Business	Mailing Address				- I I B B I (10 B ) I ( 188 ( ) O B ) I O B I I O B I I I O B I I I I O B I I I I	B    B    B    B    B    B    B    B	)	81 814 W18 11 19 M1
1240 E. NEBRASKA STREET 1240 E. NEBRASKA STREET									
ORLANDO FL 32803 ORLANDO FL 32803						DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed			
						04/24/1987			
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number		<u> </u>	oplied For
21		26				59-2799597			ot Applicable Additional
Suite, Apt. #, etc. Suite, Apt. #, etc. 27						5. Certifcate of Status Desired			Additional equired
22		-		• •	6. Election Campaign Financing		<del></del>	May Be	
23		28				Trust Fund Contribution		•	to Fees
Zip	Country	Zip	_	intry		8. This corporation owes the curre	ent year Inta		
24	25	29	30	1		Personal Property Tax.  10. Name and Address of New R	lagistared i	Yes	™No
	9. Name and Address of Curre	nt Registered Agent		81	Name	10. Name and Address of New P	redizielen y	rgent	
STEI	nborn, Henry J. Jr.								
	) e. Nebraska street		8		Street Addres	ss (P.O. Box Number is Not Accepta	ible)		
ORL	ANDO FL 32803			83		7447 ·			
				84	City			85 Zip	Code
					•		<u> </u>		
office or r	to the provisions of Sections 607.05 registered agent, or both, in the State	e of Florida. Such change wa	as authorized	d by ti	<ul> <li>named corporation</li> </ul>	ration submits this statement for the n's board of directors. I hereby accep	purpose of o t the appoin	changing its tment as re	registered egistered
agent. I a	am familiar with, and accept the oblig	ations of, Section 607.0505,	, Florida Stati	utes.			-		
agent. I a SIGNATURE			, Florida Stati	utes.					
SIGNATURE	Stgnature, typed or printed name of registered ag	ent and title if applicable. (h	, Florida Stati	utes.	signature required	when reinstating)	DATE	DIRECTO	DRS IN 12
SIGNATURE	Stgnature, typed or printed name of registered ag		NOTE: Registered	utes. I Agent :			DATE	D DIRECTO	DRS IN 12
SIGNATURE	Signature, typed or printed name of registered ag OFFICERS A	ent and title if applicable. (ND DIRECTORS	NOTE: Registered	Agent		when reinstating)	DATE		
SIGNATURE  12.  TITLE	Signature, typed or printed name of registered ag OFFICERS A D STEINBORN, HENRY J. JR.	ent and title if applicable. (ND DIRECTORS	NOTE: Registered  13.  1.1 TI  1.2 N	AME		when reinstating)	DATE		
SIGNATURE  12.  TITLE  NAME	Signature, typed or printed name of registered ag OFFICERS A D STEINBORN, HENRY J. JR.	erit and title if applicable. (P. ND DIRECTORS  DELETE	NOTE: Registered  13.  1.1 TI  1.2 NV  1.3 ST  1.4 CI	AME	signature required v	when reinstating)	DATE	Change	Addition
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS	OFFICERS A  D  STEINBORN, HENRY J. JR. 1240 E. NEBRASKA ST.	ent and title if applicable. (ND DIRECTORS	NOTE: Registered  13.  1.1 Ti 1.2 NV 1.3 S1 1.4 CI 2.1 Ti	TLE AME TREET A TLE	signature required v	when reinstating)	DATE		
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	OFFICERS A  D  STEINBORN, HENRY J. JR. 1240 E. NEBRASKA ST.	erit and title if applicable. (P. ND DIRECTORS  DELETE	NOTE: Registered  13.  1.1 Tr  1.2 NV  1.3 St  1.4 Ct  2.1 Tr  2.2 NV	TLE AME TTY-ST- TTLE AME	signature required of the signature required	when reinstating)	DATE	Change	Addition
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	OFFICERS A  D  STEINBORN, HENRY J. JR. 1240 E. NEBRASKA ST.	erit and title if applicable. (P. ND DIRECTORS  DELETE	NOTE: Registered  13. 1.1 TI 1.2 NV 1.3 SI 1.4 CI E 2.1 TI 2.2 NV 2.3 SI	TLE AME TREET A ITY-ST- TLE AME	ADDRESS ADDRESS	when reinstating)	DATE	Change	Addition
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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 or the reseiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; application appears in Block 12 or Block 13 if dianged, or on an allochment with an address, with all other like empowered.

**SIGNATURE**