

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

**Feb 04 1997 8:00am
Secretary of State**

| | | |
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| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # K16739 (0)

1. Corporation Name
ENTERTAINMENT SPECIALISTS LTD., INC.



| | |
|---|--|
| Principal Place of Business 1555 HOWELL BR. RD., SUITE C-204 WINTER PARK FL 32789 | Mailing Address 1555 HOWELL BR. RD., SUITE C-204 WINTER PARK FL 32789-1171 |
|---|--|

| | |
|--|--|
| 3. Date Incorporated or Qualified 03/02/1988 | 3a. Date of Last Report 04/09/1996 |
| 4. FEI Number 65-0036111 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | |
|--------------------------------|-------------------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21 Suite, Apt. #, etc. | 26 Suite, Apt. #, etc. |
| 22 1053 Van Arsdale ST | 27 1053 Van Arsdale ST |
| 23 Orlando, FL | 28 Orlando, FL |
| 24 32765 | 29 32765 |
| 25 Seminole | 30 Seminole |

9. Name and Address of Current Registered Agent

**LASHINSKY, ELIZABETH A
4056 GLIDER ROSE PLACE
WINTER PARK FL 32792**

10. Name and Address of New Registered Agent

| | |
|---|-------------|
| 81 Name | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) | FL |
| 83 | |
| 84 City | |

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

| | |
|----------------|---|
| TITLE | P <input type="checkbox"/> DELETE |
| NAME | LASHINSKY, ELIZABETH A. |
| STREET ADDRESS | 1555 HOWELL BRANCH RD. |
| CITY-ST-ZIP | WINTER PARK FL |
| TITLE | V <input type="checkbox"/> DELETE |
| NAME | LASHINSKY, GARY |
| STREET ADDRESS | 1555 HOWELL BRANCH RD. |
| CITY-ST-ZIP | WINTER PARK FL |
| TITLE | ST <input type="checkbox"/> DELETE |
| NAME | CREASER, LYNDIA J. |
| STREET ADDRESS | 1555 HOWELL BRANCH RD. |
| CITY-ST-ZIP | WINTER PARK 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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | 1053 Van Arsdale St. |
| 1.4 CITY-ST-ZIP | Orlando, FL 32765 |
| 2.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | 1053 Van Arsdale ST |
| 2.4 CITY-ST-ZIP | Orlando, FL 32765 |
| 3.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | 1053 Van Arsdale St. |
| 3.4 CITY-ST-ZIP | Orlando, FL 32765 |
| 4.1 TITLE | <input 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: *Elizabeth A. Lashinsky* **1/29/97** **407/365-2515**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)