

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

FILED

**May 08 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # K43509 (4)
 1. Corporation Name
CELLAR DOOR CONCERTS OF FLORIDA, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 900 NE 26TH AVE SUITE 200 FT. LAUDERDALE FL 33304 US	Mailing Address 900 NE 26 AVE SUITE 200 FT. LAUDERDALE FL 33304 US
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3. Date Incorporated or Qualified
11/04/1988

2. Principal Place of Business 21 5555 NW 95 AVE Suite, Apt. #, etc. 22 City & State 23 Sunrise, FL Zip 24 33351 Country 25 USA	2a. Mailing Address 26 5555 NW 95 AVE Suite, Apt. #, etc. 27 City & State 28 Sunrise, FL Zip 29 33351 Country 30 USA
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4. FEI Number
65-0085879

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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
**MACDONALD, JOHN S.
 900 NE 26 AVENUE
 SUITE 200
 FORT LAUDERDALE FL 33304**

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
5555 NW 95 AVE
 83
 84 City
Surprise **FL** 85 Zip Code
33351

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P MACDONALD, JOHN S.	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MACDONALD, JOHN S.	1.2 NAME	
STREET ADDRESS	900 NE 26 AVENUE	1.3 STREET ADDRESS	5555 NW 95 AVE
CITY-ST-ZIP	FORT LAUDERDALE FL	1.4 CITY-ST-ZIP	Surprise, FL 33351
TITLE	VP WILLIAMS, DAVID	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, DAVID	2.2 NAME	
STREET ADDRESS	900 NE 26TH AVENUE	2.3 STREET ADDRESS	5555 NW 95 AVE
CITY-ST-ZIP	FORT LAUDERDALE FL	2.4 CITY-ST-ZIP	Surprise, FL 33351
TITLE	VP BARNETT, DAN H.	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARNETT, DAN H.	3.2 NAME	
STREET ADDRESS	900 NE 26 AVENUE	3.3 STREET ADDRESS	5555 NW 95 AVE
CITY-ST-ZIP	FT. LAUDERDALE FL	3.4 CITY-ST-ZIP	Surprise, FL 33351
TITLE	TVPA WASSON, A. J	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WASSON, A. J	4.2 NAME	
STREET ADDRESS	900 NE 26 AVENUE	4.3 STREET ADDRESS	5555 NW 95 AVE
CITY-ST-ZIP	FORT LAUDERDALE FL	4.4 CITY-ST-ZIP	Surprise, FL 33351
TITLE	S SLIMMER, CYNTHIA	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SLIMMER, CYNTHIA	5.2 NAME	Maria Kerrigan
STREET ADDRESS	900 NE 26 AVE	5.3 STREET ADDRESS	5555 NW 95 AVE
CITY-ST-ZIP	FT. LAUDERDALE FL	5.4 CITY-ST-ZIP	Surprise, FL 33351
TITLE	C BOYLE, JOHN J.	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOYLE, JOHN J.	6.2 NAME	
STREET ADDRESS	900 NE 26 AVENUE	6.3 STREET ADDRESS	5555 NW 95 AVE
CITY-ST-ZIP	FORT LAUDERDALE FL	6.4 CITY-ST-ZIP	Surprise, FL 33351

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: _____ VP 954-561-3100

CR2E034 (10/97)