

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

FILED

**May 05 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # K71924 (0)

1. Corporation Name
EVENTMAKERS CORPORATION



DO NOT WRITE IN THIS SPACE

Principal Place of Business Darrell C/O BARBARA STEFANY 777 G. HARBOUR ISLAND BLVD., SUITE 970 TAMPA FL 33609 3701 W. Azeele St. Tampa Fla 33609	Mailing Address Darrell C/O BARBARA STEFANY 777 G. HARBOUR ISLAND BLVD., SUITE 970 TAMPA FL 33609 3701 W. Azeele St Tampa Fla 33609
--	---

2. Principal Place of Business 21 3701 W. Azeele Suite, Apt. #, etc.	2a. Mailing Address 26 3701 W. Azeele Suite, Apt. #, etc.	22 City & State 23 Tampa, Florida Zip Country 24 33609 25	2a. Mailing Address 26 3701 W. Azeele Suite, Apt. #, etc.	27 City & State 28 Tampa, Florida Zip Country 29 33609 30
---	--	--	--	--

3. Date Incorporated or Qualified 03/09/1989	4. FEI Number 59-2940107 Applied For 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

STEFANY, BARBARA J.
808 BAYSIDE DR.
TAMPA FL 33609

10. Name and Address of New Registered Agent

81 Name **Darrell Stefany**
82 Street Address (P.O. Box Number is Not Acceptable)
402 Shorecrest Dr
83
84 City **Tampa** FL 85 Zip Code **33609**

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 *Darrell Stefany* **President/CFO** 4/27/98
Signature, typed or printed name of registered agent and date, if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STEFANY, BARBARA J.	1.2 NAME	Darrell R. Stefany
STREET ADDRESS	808 BAYSIDE DR.	1.3 STREET ADDRESS	402 Shorecrest Dr
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	Tampa Fla 33609
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	Kristin L. Passath
STREET ADDRESS		2.3 STREET ADDRESS	4417 Estrella St.
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Tampa 33602
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	Chairman <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	Barbara Stefany
STREET ADDRESS		3.3 STREET ADDRESS	808 Bayside Dr
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Tampa Fla 33609
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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 *Barbara Stefany* **ATTORNEY IN FACT**

CR2E034 (10/97)