

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

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90108 021 ***150.00

13300003

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # K71924
 1. Corporation Name
EVENTMAKERS CORPORATION

Principal Place of Business 3701 W AZEELE ST 777 S. HARBOUR ISLAND BLVD.. SUITE 970 TAMPA FL 33602 US	Mailing Address 3701 W AZEELE 777 S. HARBOUR ISLAND BLVD.. SUITE 970 TAMPA FL 33609 US
---	--



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <u>3701 W Azeele St.</u> Suite, Apt. #, etc. 22 _____ City & State 23 <u>Tampa, FL</u> Zip 24 <u>33609</u> Country 25 <u>US</u>	2a. Mailing Address 26 <u>3701 W. Azeele St.</u> Suite, Apt. #, etc. 27 _____ City & State 28 <u>Tampa, FL</u> Zip 29 <u>33609</u> Country 30 <u>US</u>
---	---

3. Date Incorporated or Qualified 03/09/1989	4. FEI Number 59-2940107	Applied For <input type="checkbox"/> 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 owes the current year Intangible Personal Property Tax. <input checked="" 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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83 _____	
84 City	FL

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	STEFANY, DARRELL R	
STREET ADDRESS	402 SHORECREST DR	
CITY-ST-ZIP	TAMPA FL 33609	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	PASSATH, KRISTIN L	
STREET ADDRESS	4417 ESTRELLA ST	
CITY-ST-ZIP	TAMPA FL 33602	
TITLE	C	<input type="checkbox"/> DELETE
NAME	STEFANY, BARBARA	
STREET ADDRESS	808 BAYSIDE DR	
CITY-ST-ZIP	TAMPA FL 33609	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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 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, with all other like empowered.

SIGNATURE: [Signature] Date: 2/1/99 Daytime Phone #: 813 353 8070

CR2E034 (1/98)