## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

NAME STREET ADDRESS CITY - ST - ZIP

SIGNATURE:

**DOCUMENT #** 

(0)

1. Corporation Name GATOR ENTERTAINMENT, INC.

Depoinal Place	of Business	Mailing Address					(B) (8 () \$18() B)8()	81811 E1E11	81811 A1911 1881	
C/O ERIC A PETERSON 3020 N ROOSEVELT BLVD C/O ERIC A PETERSON 3020 N ROOSEVELT BLVD										
KEY WEST	FL 33040	key west fl	KEY WEST FL 33040			3. Date Incorporated or Qualified 11/06/1989 3a. Date of 01/			f Last Report 1 <b>/24/1995</b>	
2. Principal Pl	ace of Business	2a. Mailing Address	3			4. FEI Number			pplied For	
21		26				65-0154457			lot Applicable .	
Suite, Apt.	#, etc	Suite, Apt. #, e	to			5. Certificate of Status Desired			Additional lequired	
22		27				6. Election Campaign Financing			May Be	
City & State	e	City & State				Trust Fund Contribution		+	to Fees	
<b>23</b> Z <sub>I</sub> p	Country	Z <sub>i</sub> p	Cou	intry		B. This corporation has liability for	intangible tax	under s	199.032,	
24	25	k ' F		30		Florida Statutes 🔲 Yes	. 🔲 No			
	9. Name and Address of Curre	ent Registered Agent		L.,		10. Name and Address of New I	Registered Ag	jent		
		-		81	Name					
PETER	RSON, ERIC A.			82	Street Addr	ress (P.O. Box Number is Not Acceptal	ole)			
	SE 5TH AVE									
POMP	PANO BEACH 33060			83						
				84	City		FI	<b>85</b> Zip	Code	
			O		Land comp	ration submits this statement for the purel of directors. Thereby accept the app	roose of chan	LLL	eaistered offic€	
or ragiete	wad about or both in the State of Fig	maa. Such change was a	RINDUZEO DY UTE	corp	oration's boa	ration submits this statement for the point of directors. Thereby accept the app	oointment as re	gistered	agent Fam	
familiar w	ith, and accept the obligations of, So	etion 607.0505, Morida S	aunes							
SIGNATURE	Signature, typed or probed have of registerial age	est de 140 e that placeter	(NOTE Registers	d Age	it september require	ad when rea state g	DATE			
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OF				
TIFLE	DP	DELET	LETE 1.1				LJ	Charige	Addition	
NAME	PETERSON, ERIC A.			NAMi						
STREET ACORESS	1305 SE 5TH AVE				ADORESS					
CITY - ST - ZIP	POMPANO BCH FL				SI - ZIP			Change	Addition	
TITLE	DVP	☐ DEFE.		THE			_	,		
NAME	PETERSON, SHANE C 3020 N ROOSEVELT BLV	n		NAME	1 ADDRESS					
STREET ADDRESS	KEY WEST FL	U			SF-ZIP					
CITY - ST - ZIP	DST	DELF		III.E				) Change	Addition	
TITLE NAME	PETERSON, MORIA		1	NAME						
STREET ADDRESS	ADDE CE ETU AVE		•		EL ADDRESS					
CHY-ST-ZIP	POMPANO BCH FL		3 4	C-IY-	ST - 71P					
TITLE		DELE	[E 4 1	TITLE			<u> </u>	] Change	☐ Addition	
NAME			4.2	NAMÉ						
STREET ADDRESS	;		4.3	S'HÉÐ	1 ADDRESS					
CITY-ST-ZIP					ST-ZIF			1 Change	Addition	
THILE		☐ DELE		THLE			L.	1 Auguste	ا السمال	
NAME				NAME						
STREET ADDRESS	5				T ADDRESS					
CITY-ST ZIP		T OUT		CITY :	ST ZIP		Г	Change	Add tion	
TITLE		DEL E	:r 6	1 11111	:		L			

64.01Y 51-20P

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further certify that the information indicated on this annual report of supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under early; that I am an officer or director of the Corporation or his fecence or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 12 dualiged, or on an attachment with an address.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR