

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**CORPORATION
ANNUAL REPORT
1995****FLORIDA DEPARTMENT OF STATE**
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS**APPROVED
AND
FILED**

95 FEB 27 PM 2:36

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA****DOCUMENT # L91078 (0)**

1. Corporation Name

T/A ENTERTAINMENT ENTERPRISES, INC.

Principal Place of Business

**16440-13 S. TAMAMI TRAIL
FORT MYERS FL 33908**

Mailing Address

**16440-13 S. TAMAMI TRAIL
FORT MYERS FL 33908**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/06/1990

3b. Date of Last Report

04/06/1994

4. FEI Number

59-3024911

Applied For

Not Applicable

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 has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

9. Name and Address of Current Registered Agent

**MCDONNELL, MICHAEL R.N. ESQ.
720 GOODLETTE ROAD NORTH
SUITE 304
NAPLES FL 33940**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-electing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1. TITLE	☐ Change ☐ Addition
NAME	VENETIS, CONSTANTIA	2. NAME	
STREET ADDRESS	16440-13 S. TAMAMI TR.	3. STREET ADDRESS	
CITY - ST - ZIP	FORT MYERS FL 33908	4. CITY - ST - ZIP	
TITLE	ST	21. TITLE	☐ Change ☐ Addition
NAME	VENETIS, CONSTANTIA	22. NAME	
STREET ADDRESS	16440-13 S. TAMAMI TR.	23. STREET ADDRESS	
CITY - ST - ZIP	FORT MYERS FL	24. CITY - ST - ZIP	
TITLE		31. TITLE	☐ Change ☐ Addition
NAME		32. NAME	
STREET ADDRESS		33. STREET ADDRESS	
CITY - ST - ZIP		34. CITY - ST - ZIP	
TITLE		41. TITLE	☐ Change ☐ Addition
NAME		42. NAME	
STREET ADDRESS		43. STREET ADDRESS	
CITY - ST - ZIP		44. CITY - ST - ZIP	
TITLE		51. TITLE	☐ Change ☐ Addition
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY - ST - ZIP		54. CITY - ST - ZIP	
TITLE		61. TITLE	☐ Change ☐ Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY - ST - ZIP		64. CITY - ST - ZIP	

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 (2)(B)(K) 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 it might have if it appeared in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Constantia Venetis*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR