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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

Apr 16 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # M09346

(1)

| COMMUNICATIONS & SHOW MANAGEMENT, INC. Principal Place of Business Mailing Address ~ 1450 NE 123RD ST 1450 NE 123RD ST NORTH MIAMI FL 33161 4051 | | | | | | | | |
|--|--|----------------------------------|------------------------------|-------------|--|---|--------------------------------|--|
| NORTH MIAN | II FL 33161 | NORTH MIAMI FL 33161-8 | ופע | | | | | |
| | | | | | Date Incorporated or Qualified 12/27/1984 | d 3a. Date of Last 04/08/1996 | | |
| 2. Principal l | Place of Business | 2a. Mailing Address | | | 4. FEI Number | ······································ | applied For | |
| 21 | | 26 | | | 59-2477488 | | ot Applicable | |
| Suite, Apt 22 | I #, eic | Suite, Apt. #, etc. | | | 5. Certificate of Status Desired | | Additional Required | |
| City & Sta | rte | Cily & State | | | 6. Election Campaign Financing | | May Be | |
| 23 | 28 | | | | Trust Fund Contribution | | to Fees | |
| Z(p) | · + | | Country | 1 | 8. This corporation has liability to | | s. 199.032, | |
| 24 | 25 9. Name and Address of Currer | | 30] | | Florida Statutes 10. Name and Address of New I | Yes No | | |
| SC | HWARTZ, STANLEY J. | | 81 | Name | | | | |
| i | 50 N.E. 123RD STREET | | 82 | Street Ad | Idress (P.O. Box Number is Not Accept | lable) | | |
| NO | DRTH MIAMI FL 33161 | | | | | | | |
| | | | 83 | | | | | |
| | | | 84 | City | | FL 85 Zip | Code | |
| 11. Pursuant office or agent 1 SIGNATURE | Lto the provisions of Sections 607.050 registered agent, or both, in the State am familiar with, and accept the oblig Section based or provider or of registered age | ations of, Section 607.0505, Flo | orida Statute | s | orporation submits this statement for the ration's board of directors. I hereby account of the reinstating o | e purpose of changing cept the appointment a | its registered s registered | |
| 12. | Control of the Contro | D DIRECTORS | 13. | | ADDITIONS/CHANGES TO OF | | RS IN 12 | |
| 1f1.F | DP | ☐ DELETE | 1.1 TITLE | | | Change | Addition | |
| NAME | SCHWARTZ, STANLEY J. | | 1.2 NAME | | | | | |
| STREET ADDRESS | 1450 N.E. 123RD STREET MIAMI FL | | | ADDRESS | | | | |
| CITY - S1 - ZIP TITLE | D | DELETE | 1.4 CITY-ST-ZIP 2.1 TITLE | | | Change | Addition | |
| NAME | KEIGHLEY, MICHAEL J. | | 22 NAME | | | | | |
| STREET ADDRESS | 1 100 11 11 11 11 11 11 11 11 11 11 11 1 | | 23 STREET | ADORESS | | | | |
| City - \$1 - 7# | NORTH MIAMI FL | D DED EEG | 2 4 CITY- | ST-ZIP | | | | |
| DAME. | SDT KATZ, HARDY C. | DELETE | 3 1 TITLE 3 2 NAME | | | Change | Addition | |
| STHELL ADDRESS | 1450 N.E. 123RD STREET | | 3.3 STREET ADDRESS | | | | | |
| CITY ST-76 | NORTH MIAMI FL | | 34 CITY-ST-ZIP | | | | | |
| 1(1,F | D | ☐ DELETE | 4.1 TITLE | | | ☐ Change | Addition | |
| NAME | MELTZER, JOEL S. | | 4. 2 NAME | | • | | | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | | | | | |
| CITY - \$1 - ZiP | MIAMI FL | Distr | 44 CITY+ST-ZIP | | | I I Channe | Addition | |
| TIL, F NAME | D GOODMAN, SHEILA | ☐ DELETE | 5 1 TITLE | | • . | Change | Addition | |
| NAME STREET ADDRESS | ARAB A BURE INCIRALIA | | 52 NAME 53 STREET | ADDRESS | | | | |
| CITY ST-ZP | MIAMI FL | | 5.4 CITY - 5 | | | | | |
| 10.5 | | DELETE | 6 1 TITLE | - | | Change | Addition | |
| HAME | | | 62 NAME | l l | | | | |
| | | | 0.2 NAME | į | | | | |
| STREET ACIDRESS | | | | ADDRESS | | | | |

14. I do hereby certify that the information supplied with this filling 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 eath; 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