## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998

N24779

(3)

FILED	
Jan 28 1998 8:00am	1
Secretary of State	

1. Corporatio	n Name	19 (3)		
DICK I	HOWSER ALLSTAR SHOW	WCASE INC		
DIOK 1	TOTTOLIT ALLOTATI OTTO	TOROL, INO.		i dominer ene stort mant them interestable at each continue the continue them
Principal Plac	e of Business	Mailing Address		i indigen des meil didit todit todit ifte niet einer billi billi billi billi felli felli felli felli felli
526 S.E. 5TH AVENUE 526 S.E. 5TH AVENUE				3. Date Incorporated or Qualified
DELRAY BEACH FL 33483 DELRAY BEACH FL 33483				02/10/1988
				4. FEI Number Applied For
				65-0030379 Not Applicable
Principal Place of Business     2a. Mailing Address				5. Certificate of Status Desired S8.75 Additional
21		26		Fee Required
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		6. Election Campaign Financing \$5.00 May Be
City & State	<u> </u>	City & State		Trust Fund Contribution
23	<del>e</del>	28		7. Is this nonprofit corporation a homeowners association?
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible
24	25	29	30	Personal Property Tax due June 30.  Yes X No
	9. Name and Address of Cur	rent Registered Agent		10. Name and Address of New Registered Agent
			81 Name	
MILLER,			82 Street Ad	dress (P.O. Box Number is Not Acceptable)
	5TH AVENUE			
DELRAY	BEACH FL 33483		83	
			84 City	85 Zip Code
11. Pursuant	to the provisions of Sections 617 (	0502 and 617 1508 Florida Stat	utes the shove-named co	
office or r	egistered agent, or both, in the St	ate of Florida. Such change was	authorized by the corpor	orporation submits this statement for the purpose of changing its registered ration's board of directors. I hereby accept the appointment as registered
	marmar with, and accept the oc	nigations of, section of 7.0005, i	iorda Statutes.	
SIGNATURE _	Signature, typed or printed name of registered	agent and title if applicable. (N	OTE: Registered Agent signature red	quired when reinstating) DATE
12.		AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD NADOLIN 140V	DELETE	1.1 TITLE	Change Addition
NAME	MARCUM, JACK		1.2 NAME	
STREET ADDRESS	2154 BIMINI DRIVE WEST PALM BEACH FL		1.3 STREET ADDRESS	
CITY-ST-ZIP	VD VD	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE	Change Addition
NAME	HARVEY, CURT R		2.2 NAME	
STREET ADDRESS	1879 BARTLETT CT.		2.3 STREET ADDRESS	
CATY-ST-ZIP	LAKE CLARKE SHORES FL	_ 33406	2. 4 CITY-ST-ZIP	
TITLE	TD	☐ DELETE	3.1 TITLE	Change Addition
NAME	MILLER, BOB		3.2 NAME	
STREET ADDRESS	526 S.E. 5TH AVE.		3.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL		3.4. CITY-ST-ZIP	
TITLE	SD	☐ DELETE	4.1 TITLE	Change Addition
NAME	PERERA, EMILIO		4. 2 NAME	
STREET ADDRESS	1402 E LIBBY DR		4.3 STREET ADDRESS	
CITY-ST-ZIP	W PALM BCH FL		4.4 CITY - ST - ZIP	0 14429
TITLE		DELETE	5.1 TITLE	Change Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP TITLE		☐ DELETE	5.4 CITY-ST-ZIP 6.1 TITLE	Change Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6,4 CITY-ST-ZIP	
	ertify that the information supplied	with this filing does not qualify		in Section 119.07(3)(i), Florida Statutes. I further certify that the information

4. 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapsed, or on an attachment with an address.

CICMATUDE.

MULLIGE REOBERNILLER

1-9-1998 561-278-4553

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