

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED

Aug 27 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N92000000291 (6)**

1. Corporation Name

CLEARWATER JAZZ HOLIDAY, INC.

Principal Place of Business

Mailing Address

PO BOX 7278
CLEARWATER FL 34618

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CLEARWATER FL 34618

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/16/1992	3a. Date of Last Report 09/30/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 516 NORTH FT. HARRISON 27 Suite, Apt. #, etc. 28 CLEARWATER, FLORIDA 29 33755 30 U.S.A.	4. FEI Number 59-3151781	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 or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DUNN, JANE
516 N. FORT HARRISON AVE.
CLEARWATER FL 34615

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code
			FL	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	VINCENT, DEBORAH	1.2 NAME	KLEINE, DALE
STREET ADDRESS	210 S. EWING AVE	1.3 STREET ADDRESS	710 COURT STREET
CITY-ST-ZIP	CLEARWATER FL 34616	1.4 CITY-ST-ZIP	CLEARWATER, FLORIDA 33702
TITLE	VPD	2.1 TITLE	VPD
NAME	MALAGON, JANE	2.2 NAME	WILLIAMS, OUIDA
STREET ADDRESS	214 CORDOVA GREENS	2.3 STREET ADDRESS	9455 KOGER BLVD. SUITE#219
CITY-ST-ZIP	LARGO FL 34649	2.4 CITY-ST-ZIP	ST. PETERSBURG, FLORIDA 33702
TITLE	TD	3.1 TITLE	
NAME	GRIMSDALE, GAIL	3.2 NAME	
STREET ADDRESS	311 S. MISSOURI AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 34616	3.4 CITY-ST-ZIP	
TITLE	SD	4.1 TITLE	
NAME	GEMAL, LISA	4.2 NAME	
STREET ADDRESS	2563 STONY BROOK	4.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 34621	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	HUFFER-TAYLOR, DEBBIE	5.2 NAME	
STREET ADDRESS	706 BOUGH AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 34621	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
NAME	MIRANDA, CLAUDE	6.2 NAME	
STREET ADDRESS	18122 GUNN HIGHWAY	6.3 STREET ADDRESS	
CITY-ST-ZIP	ODESSA FL 33558	6.4 CITY-ST-ZIP	

14. I do 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 changed, or on an attachment with an address.

SIGNATURE: *Jane Dunn* **RECEIVED S. Dunn 8/5/97 (813) 444-1786**

CR2E037 (4/97)