SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

NONPROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Oct 08 1998 8:00am
Secretary of State

000277

DOCUMENT # N96000000940 (4)

1. Corporation Name

THE BLACK FLORIDA CROWN PAGEANT SYSTEMS, INC.

Principal Place of Business	Mailing Address
4108 DIJON DR. ORLANDO FL 32808	4108 DIJON DR. ORLANDO FL 32808

3. Date Incorporated or Qualified: 02/22/1996

4. FEI Number: 59-3372934 [ ] 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

7. Is this nonprofit corporation a homeowners association? [ ] Yes [X] No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. [ ] Yes [X] No

2. Principal Place of Business	2a. Mailing Address
21 6176 Raleigh St	26 6176 Raleigh St.
22 Suite, Apt. #, etc 224	27 Suite, Apt. #, etc 224
23 City & State Orlando, Florida	28 City & State Orlando, FL
24 Zip 32835 25 Country USA	29 Zip 32835 30 Country USA

9. **Name and Address of Current Registered Agent**

HERRING, YVONDIA
4108 DIJON DR.
ORLANDO FL 32808

10. **Name and Address of New Registered Agent**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
83 6176 Raleigh Street #224

84 City Orlando FL 85 Zip Code 32835

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: Yvondia Herring - Director (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE: 9-28-98

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	[ ] DELETE	1.1 TITLE		[ ] Change [ ] Addition
NAME	HERRING, YVONDIA		1.2 NAME		
STREET ADDRESS	P.O. BOX 618775 N/A		1.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32861		1.4 CITY-ST-ZIP		
TITLE	D	[ ] DELETE	2.1 TITLE		[ ] Change [ ] Addition
NAME	AUSTIN, SABRINA		2.2 NAME		
STREET ADDRESS	P. O. BOX 533306 N/A		2.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32853		2.4 CITY-ST-ZIP		
TITLE	D	[ ] DELETE	3.1 TITLE		[ ] Change [ ] Addition
NAME	HAYNES, ANGELA		3.2 NAME		
STREET ADDRESS	5493 TIMBERLEAF BLVD., #1405		3.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32811		3.4 CITY-ST-ZIP		
TITLE		[ ] DELETE	4.1 TITLE		[ ] Change [ ] Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		[ ] DELETE	5.1 TITLE		[ ] Change [ ] Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		[ ] DELETE	6.1 TITLE		[ ] Change [ ] Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (5/98)

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

SIGNATURE: Yvondia Herring 9-28-98 (407)296-7545
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #