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**Mar 02, 1999 8:00 am**  
**Secretary of State**

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NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # N98000006741**

1. Corporation Name

**EXPRESS ENTERTAINMENT, INC.**

Principal Place of Business

9955 61ST WAY NORTH  
 PINELLAS PARK FL 33782

Mailing Address

9955 61ST WAY NORTH  
 PINELLAS PARK FL 33782



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 PO Box 2126

22 City & State

27 Suite, Apt. #, etc.  
 28 Pinellas Park, FL

23 Zip Country

29 33780 30 U.S.A.

3. Date Incorporated or Qualified

11/30/1998

4. FEI Number

59-3549047

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

9. Name and Address of Current Registered Agent

GREENE, JOHN B  
 9955 61ST WAY NORTH  
 PINELLAS PARK FL 33782

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

**FL**

85 Zip Code

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

TITLE D ☐ DELETE

NAME GREENE, JOHN B  
 STREET ADDRESS 9955 61ST WAY NORTH  
 CITY-ST-ZIP PINELLAS PARK FL 33782

TITLE D ☐ DELETE

NAME GREENE, KATHRYN  
 STREET ADDRESS 9955 61ST WAY NORTH  
 CITY-ST-ZIP PINELLAS PARK FL 33782

TITLE D ☐ DELETE

NAME GREEN, JAMES LEWIS  
 STREET ADDRESS 9955 61ST WAY NORTH  
 CITY-ST-ZIP PINELLAS PARK FL 33782

TITLE ☐ DELETE

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

*Kathryn Greene*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*KATHRYN GREENE 2-2-99*  
 Date

*8727-545-0684*  
 Daytime Phone #

CR2E037 (11/98)