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

**PROFIT CORPORATION ANNUAL REPORT** 

1998

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P39304

(1)

HOWL-AT-THE-MOON-ORLANDO, INC.

Mailing Address

**FILED** Apr 06 1998 8:00am Secretary of State



212 GREENUP STREET COVINGTON KY 41011		212 GREENUP ST. SUITE 500 COVINGTON KY 41011 US		DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified			
					06/16/1992		
2. Principal P	ace of Business	2a. Mailing Address			4, FEI Number	Applied For	
21 55 W	EST CHUKCH ST.	26			59-3137308	Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc. 27					5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State City & State 28					6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country	Zip	Countr	У	8. This corporation owes or has paid the o		
24 328			30		Personal Property Tax due June 30.	Yes No	
9, Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent		
JOHNSON, JAMES				81 Name			
5556 GARDEN GROVE CIRCLE			82	Street A	ddress (P.O. Box Number is Not Acceptable)		
WINTER PARK FL 32792			83	3			
ļ			<u> </u>			los Z. C. de	
			84	City	F	85 Zip Code	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.							
SIGNATURE Signature, typed or punited name of registered agent and little if applicable (NOTE Registered Agent signature required when reinstating)  DATE							
12.	OFFICERS AND		13.	gerit signature te	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12	
TITLE	PV	DELETE	1.1 TITLE		ADDITIONO OF A TOTAL O	Change Addition	
NAME	BERNSTEIN, JAMES M.	<b>_</b>	1.2 NAME				
STREET ADDRESS	212 GREENUP STREET		1	T ADDRESS			
	COVINGTON KY		1.4 C/TY-				
CITY-ST-ZIP	ST	DELETE	2.1 10115	31-21		Change Addition	
NAME	HAUGLAND, ROBERT C.	<del></del>	22 NAME		•		
STREET ADDRESS	212 GREENUP ST.			T ADDRESS			
CITY-ST-ZIP	COVINGTON KY		2 4 CITY				
TITLE		DELETE	31 TITLE	<del></del>		Change Addition	
NAME		<del>-</del> -	3 2 NAME				
STREET ADDRESS			1	T ADDRESS		ļ	
CITY-ST-ZIP			3 4. CITY				
TITLE		DELETE	41 TOUR			Change Addition	
NAME			4 2 NAM	.		ļ	
STREET ADDRESS			4.3 STREE	T ADDRESS			
CITY-ST-ZIP			4.4 CITY-	ST-ZIP			
TITLE		DELETE	5 1 TITLE			Change Addition	
NAME			52 NAME				
STREET ADDRESS			53 STREE	T ADDRESS			
CITY-ST-ZIP			5.4 CITY-	ST-ZIP			
TITLE		☐ DELETE	6 1 THLE			Change Addition	
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREE	T ADDRESS			
CITY-ST-ZIP			6.4 CITY-				
	actiful that the information currelied with	this films does not qualify to			Lip Section 119 07(3)(i) Florida Statutes, I further	certify that the information	

indicated on this annual report or supplied with this ninity does not qualify for the exemption stated in Section 119.07(3)(). Florida Statutes. I further certify that the informatic indicated on this annual report or suppliemental 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if pharged, or on an existence with an address.