


FILED
Feb 25 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		Feb 25 1997 8:00am Secretary of State	
DOCUMENT # P92000006739 (6)							
1. Corporation Name KENT'S SPECIAL EVENTS, INC.							
Principal Place of Business 12 LIVE OAK ST. GULF BREEZE FL 32561 US				Mailing Address 12 LIVE OAK ST. GULF BREEZE FL 32561-4406 US			
2. Principal Place of Business				2a. Mailing Address		3. Date Incorporated or Qualified 11/18/1992	
21. Suite, Apt. #, etc.				26. Suite, Apt. #, etc.		3a. Date of Last Report 04/29/1996	
22. City & State				27. City & State		4. FEI Number 54-3151235	
23. Zip				28. Zip		5. Certificate of Status Desired	
24. Country				29. Country		Applied For Not Applicable	
9. Name and Address of Current Registered Agent BABB, JOHN 5270 FLAX RD PENSACOLA FL 32504				10. Name and Address of New Registered Agent			
11. Pursuant to the provisions of Sections 607.0102 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.				81. Name			
SIGNATURE				82. Street Address (P.O. Box Number is Not Acceptable)			
83.				84. City			
85. Zip Code				FL			
12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1. TITLE PDT				1.1 TITLE			
2. NAME BABB, JOHN				1.2 NAME			
3. STREET ADDRESS 5270 FLAX RD				1.3 STREET ADDRESS			
4. CITY- ST- ZIP PENSACOLA FL				1.4 CITY- ST- ZIP			
5. TITLE				2.1 TITLE			
6. NAME				2.2 NAME			
7. STREET ADDRESS				2.3 STREET ADDRESS			
8. CITY- ST- ZIP				2.4 CITY- ST- ZIP			
9. TITLE				3.1 TITLE			
10. NAME				3.2 NAME			
11. STREET ADDRESS				3.3 STREET ADDRESS			
12. CITY- ST- ZIP				3.4 CITY- ST- ZIP			
13. TITLE				4.1 TITLE			
14. NAME				4.2 NAME			
15. STREET ADDRESS				4.3 STREET ADDRESS			
16. CITY- ST- ZIP				4.4 CITY- ST- ZIP			
17. TITLE				5.1 TITLE			
18. NAME				5.2 NAME			
19. STREET ADDRESS				5.3 STREET ADDRESS			
20. CITY- ST- ZIP				5.4 CITY- ST- ZIP			
21. TITLE				6.1 TITLE			
22. NAME				6.2 NAME			
23. STREET ADDRESS				6.3 STREET ADDRESS			
24. CITY- ST- ZIP				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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.							
SIGNATURE: John Babb							
2-21-97 478-9584							