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**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

## Feb 12 1998 8:00am Secretary of State

PHEMIER ENTERTAINMENT OF CENTRAL FLORIDA, INC.							1 (8 Å) (8 Å) (12 (Å) (4 (14) ( 8 Å) ( 8 Å)	(1) <b>40</b> 101 <b>01</b> 144 (1 <b>0</b>	<b>a</b> k <b>110</b> 11 <b>10.010</b> 111	<b>ad</b> u 14 <b>8</b> † 1881
B: 151										Al III III
Principal Place of Business Mailing Address							A LEGISLES OF STORE WHO MAKE THE	)	re central complete est	JD1 1101 (811)
401 E. SEMORAN BLVD.   401 E. SEMORAN BLVI   CASSELBERRY FL 32707   CASSELBERRY FL 327			E. SEMORAN BLVD. ELBERRY FL 32707							
OROGELDENIN TE SETO			CDCHAT FL 32707			İ	DO NOT WRITE IN THIS SPACE			
							3. Date Incorporated or Qualif	ied		
							12/14/1992			
<del></del>	Place of Business	and the second	a. Mailing Address  750 N. Maitland Ave			_	4. FEI Number			pplied For
21 Suito Ant	# oto	4 = - 4	Suite, Apt. #, etc.			-	59-3170854			ot Applicable
Suite, Apt #, etc. 22			Suite, Apr. #, etc.				5. Certificate of Status Desired	. 🗆		Additional legulred
City & Stat			City & State				C. Floation Compaign Figuresia		<del></del>	
23			1				<ol><li>Election Campaign Financin Trust Fund Contribution</li></ol>	ιg [1]		May Be to Fees
Zip	Country			Country		-	This corporation owes or ha			
24	25 9. Name and Address of Curren		2751	30 O:	range		Personal Property Tax due	June 30.	Yes [	] No
			1	10. Name and Address of Nev	Registered	Agent				
CO	RPORATION SERVICE COMPANY	1		l	81 Name	Ra	ndall C. Smith	L Esa		
1201 HAYS STREET					82 Street /	Address	P.O. Box Number is Not Acce	otable)	···	
TALLAHASSEE FL 32301						75	0 N. Maitland	Avenue	<u> </u>	
					83					
				ŀ	84 City		<del></del>		85 Zip	Code
				· · · · · · · · · · · · · · · · · · ·		Ma	itland	<u> </u>	.     32	751
	to the provisions of Sections 607.050, egistored agent, or both, in the State					corpora poration'	ation submits this statement for the board of directors. I hereby a	he purpose o ccept the apr	f changing it	ts registered registered
agent. La	m familiar with and accept the obliga	alions of, Sc	ection 607.6505, Fig	rida Stati	ites.	- /	~	_		_
SIGNATURE	Signature typed or printed harve of registers of age	M	<u> </u>	Kan	<u>1911 (</u>	2 ، ي	mith		<u>ነ</u> ፟፟ጜ~ጚ፞፞፞ <u>ସ</u>	<u>.</u> ,
12.	OFFICERS AND		·	13.	Agent signature	requireo w	ADDITIONS/CHANGES TO O	DATE FEICERS AND	DIRECTOR	2S IN 12
TITLE	D		DELETE	1.1 TIT	LE	S	1,000,100,010,010,000		Change	Addition
NAME	VEIGLE, JAMES			1.2 NAI	1.2 NAME 1.3 STREET ADDRESS		ncy Voegtlin		_ •	
STREET ADDRESS				1.3 STF			1 E. Semoran B	lyd.		
CITY-ST-ZIP	CASSELBERRY FL 32707			1.4 CHTY-ST-ZIP		Ca	sselberry, FL	32707		
TITLE	D			2.1 TIT	2.1 TITLE				Change	Addition
NAME	VEIGLE, CHARLES			2.2 NAME						
STREET ADDRESS	401 E. SEMORAN BLVD.			2.3 STF	EET ADDRESS					3
CITY+S1-ZIP	CASSELBERRY FL 32707			2. 4 C(1	Y-ST-ZIP					
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NAME				3.2 NA/	NE					
STREET ADDRESS				3.3 STF	EET ADORESS					
CITY-ST-ZIP					Y-ST-ZIP		· · · · · · · · · · · · · · · · · · ·			
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NAME			C) MILLI	6.2 NAM	- 1				Fit Aliands	
STREET ADDRESS										
					EET ADDRESS					
CITY-ST-ZIP			2 2222 2 230 4	6.4 CIT	r - ST - ZIP					

Thereby certily 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 enjowered 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

GNATURE:

Nancy Voegtlin, Sec. 1/21/98 (407) 767-2977

(407) 767-2977