

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 22 1999 8:00 am
Secretary of State

DOCUMENT # P92000012400

1. Corporation Name

BEE LINE ENTERTAINMENT, INC.

Principal Place of Business

401 E. SEMORAN BLVD.
CASSELBERRY FL 32707

Mailing Address

750 N. MAITLAND AVENUE
MAITLAND FL 32751
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 200 North Thornton Ave

Suite, Apt. #, etc.

27 City & State

28 Orlando, Florida

29 32801 30 Country

9. Name and Address of Current Registered Agent

SMITH, RANDALL C. ESQ
750 N. MAITLAND AVENUE
MAITLAND FL 32751

81 Name Randall C. Smith, Esq
82 Street Address (P.O. Box Number is Not Acceptable)
200 North Thornton Avenue
83
84 City Orlando FL 85 Zip Code 32801

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 printed name of registered agent and, if applicable,

(NOTE: Signature of Agent required to file this form.)

12. OFFICERS AND DIRECTORS

TITLE	D	[] DELETE
NAME	VEIGLE, JAMES	
STREET ADDRESS	401 E. SEMORAN BLVD.	
CITY-ST-ZIP	CASSELBERRY FL 32707	
TITLE	D	[] DELETE
NAME	VEIGLE, CHARLES	
STREET ADDRESS	401 E. SEMORAN BLVD.	
CITY-ST-ZIP	CASSELBERRY FL 32707	
TITLE	S	[] DELETE
NAME	VOEGTLIN, NANCY	
STREET ADDRESS	401 E. SEMORAN BLVD.	
CITY-ST-ZIP	CASSELBERRY FL 32707	
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

11 TITLE	[] Change [] Addition
12 NAME	7000002824357-7
13 STREET ADDRESS	-03/30/99 -01093-024
14 CITY-ST-ZIP	****150.00 ****150.00
21 TITLE	[] Change [] Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	[] Change [] Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	[] Change [] Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	[] Change [] Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	[] Change [] Addition
62 NAME	
63 STREET ADDRESS	
64 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)(b), 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, with all other like empowered

SIGNATURE: Nancy Voegtlin Nancy Voegtlin, Sec 2/26/99 (407) 767-2977

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (1/98)