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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## P93000047563 (0) DOCUMENT #

KARAOKE PARTYTIME ENTERTAINMENT, INC.

Mailing Address Principal Place of Business 2466 PROVOST CT. 2466 PROVOST CT. JACKSONVILLE FL 32216 JACKSONVILLE FL 32218-5141 3a. Date of Last Report 3. Date Incorporated or Qualified 06/25/1993 04/26/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3192711 Not Applicable 26 Suite, Apt #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State: 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Country Ziμ Country Ζıp 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No 24 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name HAMEL, JOHN 2466 PROVOST CT. 82 Street Address (P.O. Box Number is Not Acceptable) JACKSONVILLE FL 32216 63 City Zip Code 85 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Emiliative it grant our place of near it. One distorted agent and little if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. Change Addition DELETE 1.1 TITLE 101.6 JOHN HAMEL 1.2 NAME 2466 PROVOST CT 1.3 STREET ADDRESS STREET ADDRESS JACKSONVILLE FL CHY- \$1-70 1.4 CITY - ST - ZIP DEL ETE Change Addition 2.1 TITLE 10.6 NAM: 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS COY SEZIP 2. 4 CITY - ST - ZIP DELETE ☐ Change Addition 3.1 THLE TIFLE NAM: 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3 4. CITY - ST - ZIP 017-51-7P DELETE Change Addition TITLE 4.1 TITLE NAME 4.2 NAME STREET ACCISESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 007 - S1 - ZiP DELETE Change Addition TITLE 51 TITLE NAME **5.2 NAME** 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP Q(1) 7 - S 1 - Z(6) TELF DELETE 6.1 FITLE Change Addition 6.2 NAME NAME

6.3 STREET ADDRESS

6.4 CITY - ST- 7IP

SIGNATURE:

STEED ACHEESS

City-St 7H

14. I do hereby certly that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information inclicated 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 to 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 chapted, or on an attachment with an address.

(96/6)

**FILED** 

Mar 05 1997 8:00am

Secretary of State