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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

FILED

Feb 25 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000075459 (6)

SHOW BIZ CENTRAL OF SOUTHERN FLORIDA, INC.

Principal Place	of Business	Mailing Address					- 4 1001/1007 168 60.08 11/11 40/11 40/11 80/11 40/11 10003 01/11 01/10 01/10 10/11 01/1					
5301 N. FEDERAL HWY			5301 N. FEDERAL HWY									
180			180						DO NOT INDIT	C IN THE	DDAGE	
BOCA RATON FL 33487			BOCA RATON FL 33487				<u> </u>	DO NOT WRITE IN THIS SPACE				
US		US				*	3. Date Incorporated or Qualified					
9 Principal Pla	ace of Business		2a. Mailing Address					4	11/01/1993 FEI Number		1.1	anlind For
Principal Place of Business The Principal Place of Business The Principal Place of Business			26. Mailing Address]]	₹. ,			─	Applied For Not Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.						65-0452514			Additional
22			27				8	5. (Certificate of Status Desired			Regulred
City & State			City & State					R (Election Campaign Financing		 	May Be
23			26				'		Trust Fund Contribution			to Fees
Zip Country			Zip Country			- 5		This corporation owes or has p	aid the cu			
24	25		29	30					Personal Property Tax due Jun			□No
9. Name and Address of Current Registered Agent 10, Name and Address of New Registere											Agent	
BAU	ER, EDWARD J				81	Name						
	29 CORDOVA C	82 Street Ad			Address i	dress (P.O. Box Number is Not Acceptable)						
	RAY BCH. FL 3			02 Street Ad			100,000	ζ	O. BOX 110/1100/10 10 110/11000 10			
					83		•					
					84	City					85 Zip	Code
					ا٦ا	City				FL	_	Code
11. Pursuant to	the provisions of	Sections 607 0502	and 607 1508, Florida Str	tutes, the a	bove	-named	corporati	tion	submits this statement for the	purpose o	of changing	its registered
orrice or re agent. I am	custered agent, or Caminar with, and	beth in the State of Lacoupt the obligati	ons of Section 607.0505	as autnorize , Florida Sta	ea by itules	tne corp s.	oration's	s DC	oard of directors. I hereby acce	eptine ap	pointment a:	s registered
office or registered agent, or both, in the State of Florida, Soch 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 appointment as registered statutes. SIGNATURE SIGNATURE												
	Sonature, typied or printe:			NO1E Registere	ed Ago	nt agnature	required who	hen re	reinstating)	DATE		
12.		OFFICERS AND		13.				Αſ	DDITIONS/CHANGES TO OFF	CERS AN	_	
TITLE	Р		☐ DELET E	1.1 T							L. Change	Addition
NAME BAUER, EOWARD J.				1.2 NAME								
STREET ADDRESS	16729 CORDO			1.3 9	TREET	address						
CITY-ST-ZIP	DELRAY BEAC	CH FL			ITY-SI	r-ziP						
TITLE	V		☐ DELETE	2.1 T							☐ Change	☐ Addition
NAME	BAUER, HELE			2.2 M	IAME							
STREET ADDRESS	16729 CORDO				2.3 STREET ADDRESS							
CITY-ST-ZIP	DELRAY BEAC	JH FL	Doriette.		CITY - S	11 - ZIP					<u> </u>	1 4 4 3 2 4
TITLE			☐ DELÊTE	3.1 T		ļ					☐ Change	☐ Addition
NAME				3.2 N		1						
STREET ADDRESS						ADDRESS						
CITY-ST-ZIP			DELETE		CITY+S	T-ZIP					☐ Change	☐ Addition
TITLE				4.1 T							C CHAIR	Magnion
NAME					NAME							
STREET ADDRESS						ADDRESS						
CITY-ST-ZIP	-		☐ DELETE	4.4 C	ITY-SI	I - ZIP					☐ Change	Addition
TITLE			LJ DELETE								← numite	Addition
NAME CTOTET ADDDESS					IAME TOCCT	*DDDLee						
STREET ADDRESS						ADDRESS						
CITY-ST-ZIP TITLE			DELETE	6.1 T	ITY-ST	1-ZIP					Change	☐ Addition
			occur	6.1 I							ی عالمان	
NAME STOCET ADDRESS						ADDRESS						
STREET ADDRESS						i i						
14. I hereby ce	ortify that the inform	nation supplied with	this filing does not quali		ITY-ST		d in Sect	tion	119.07(3)(i), Florida Statutes.	I further c	ertify that th	e information
14. I 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 attadhment with in address.												
Biock 12 or	r Block 13 if chang	jed, or on an attach	ment with an address.	ro evecnie	u 115 J	opoit as	• equiled	. Dy	Onaplei our Fiorida Statutes	, and mal	my name ap	ppears III