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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1998

TITLE

NAME STREET ADDRESS



FLORIDA DEPARTMENT OF STATE

**FILED** 

May 18 1998 8:00am

Secretary of State

Addition

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

	MENT # P940 DOM ENTERTAINMENT O		7 (7)			######################################
Principal Place of Business Mailing Address					- I TOBYLEAN THE URBIT BIRDLY CRUIT QUANT OBDIT QUANT	48117 BIBU 81888 11914 1884 1 <b>88</b> 1
3691 SR 580   3691 SR 580   STE H						
OLDSMAR FL 34677 OLDSMAR FL 346			34677		DO NOT WRITE IN TH	IIS SPACE
US		US			3. Date Incorporated or Qualified	
Dringing! [	Place of Business	2s. Mailing Ad	ldeo.0		01/13/1994 4. FEI Number	I I I I I I I I I I I I I I I I I I I
<del>-</del>	-IBOB OF DOSINESS	26		59-5456020	Applied For Not Applicable	
Suite, Apt	#. etc.		Suite, Apt. #, etc.			\$8.75 Additional
22	,	27			5. Certificate of Status Desired	Fee Required
City & Sta	te	City & Sta	6		8. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Zip	Country	Žip	<b>⊢</b>	Country	8. This corporation owes or has paid the	
24	25	29	30	<del></del>	Personal Property Tax due June 30.	Yes No
	9. Name and Address of Cu	irrent Registered Ager	t	81 Name	10. Name and Address of New Register	ed Agent
	HNSON, KEITH R			Name		
5770 ROOSEVELT BLVD. SUITE 500				82 Street Address (P.O. Box Number is Not Acceptable) 83		
				84 City		85 Zip Code
dd Dwy was	46-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2	0100 1007 1100 EI				2 p cooe
office or agent. I a SIGNATURE	-Kend Klon		Keith	R. JOHN	rporation submits this statement for the purposition's board of directors. I hereby accept the a	
12.		d agent and life if applicable  AND DIRECTORS		tered Agent signature requi	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	D			J TITLE	ADDITIONAL TANGES TO STRICE TO	Change Addition
NAME	JOHNSON, KEITH R	_		2 NAME		
STREET ADDRESS	5770 ROOSEVELT BLVD.	<b>#</b> 500	· ·	3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL 34620		1 '	.4 CITY-ST-ZIP		
TITLE	0			1 TITLE		Change Addition
NAME	BERKINS, MIKE		2	.2 NAME		
STREET ADDRESS	5770 ROOSEVELT BLVD.	<b>#500</b>	1 2	3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL 34620			. 4 CITY - ST - ZIP		
TITLE	- <del>0</del>	<u>بلاز</u>		1 TITLE		☐ Change ☐ Addition
NAME	KLEVNHANS, DON	•	3	.2 NAME		,
STREET ADDRESS	- 6770 ROOSEVELT BLVD.	<del>≠500</del>	3	.3 STREET ADDRESS		
CITY-ST-ZIP	-OLEARWATER FL 34020		3	.4. CITY-ST-ZIP		
TITLE			DELETE 4	.1 TITLE		Change Addition
NAME			j 4	. 2 NAME		
STREET ADDRESS			<b>1</b> 4	3 STREET ADDRESS		
CITY-ST-ZIP				4 CITY-ST-ZIP		
TITLE			DELETE 5	.1 TITLE		Change Addition
NAME			5	.2 NAME		
STREET ADDRESS			5	3 STREET ADDRESS		

14. Thereby 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.

64 CITY-ST-ZIP

6.1 TITLE 6.2 NAME

DELETE