

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P94000019845 (4)

1. Corporation Name

WYLD MYLVYN TOURING, INC.



Principal Place of Business

Mailing Address

% DON H. LESTER ESO  
24 N MARKET ST #305  
JACKSONVILLE FL 32202

% DON H. LESTER ESO  
24 N MARKET ST #305  
JACKSONVILLE FL 32202

3. Date Incorporated or Qualified  
03/07/1994

3a. Date of Last Report  
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 C/O HABER CORP.

22 City & State

27 16830 VENTURA BLVD #501  
28 ENCINO, CA

23 Zip

Country

29 91436

Country

30 USA

4. FEI Number  
95-4470472

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LESTER, DON H  
24 N MARKET ST  
STE 305  
JACKSONVILLE FL 32202

81 Name  
DON H. LESTER  
82 Street Address (Post Office Box Number is Not Acceptable)  
218 EAST ASHLEY ST.  
83  
84 City  
JACKSONVILLE FL 85 Zip Code  
32202

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 the applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
	PD	ROSSINGTON, GARY	16380 VENTURA BLVD #501 ENCINO CA	<input type="checkbox"/>
	S	HABER, GARY	16380 VENTURA BLVD #501 ENCINO CA	<input type="checkbox"/>
	D	VAN ZANT, JOHNNY	692 O'HARA ROAD MIDDLEBURG FL	<input type="checkbox"/>
	D	WILKESON, LEON	6067 BIZIER RD JACKSONVILLE FL 32244	<input type="checkbox"/>
	D	POWELL, WILLIAM N	24 N MARKET ST #305 JACKSONVILLE FL 32202	<input type="checkbox"/>
	D	KING, EDWARD	1601 HARDING PLACE NASHVILLE TN	<input type="checkbox"/>

1	11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY - ST - ZIP	Change	Addition
2	1 TITLE	22 NAME	23 STREET ADDRESS	24 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
3	1 TITLE	32 NAME	33 STREET ADDRESS	34 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
4	1 TITLE	42 NAME	43 STREET ADDRESS	44 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
5	1 TITLE	52 NAME	53 STREET ADDRESS	54 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
6	1 TITLE	62 NAME	63 STREET ADDRESS	64 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/22/96 8/8 783 9200  
Date Daytime Phone #

CR2E034 (12/95)