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

PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT # P94000021597 (7)

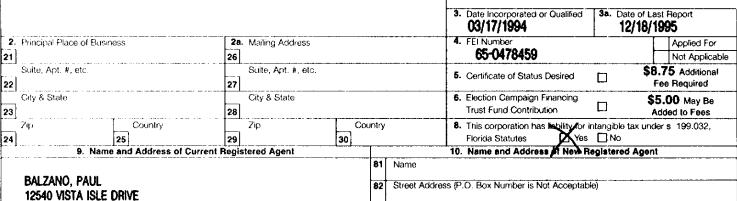
٠.	Corporation Name						
	HD	EDONIT	TICKETO	IMC			

Principal Place of Business Mailing Address

12540 VISTA ISLE DRIVE SUNRISE FL 33325

SUNRISE FL 33325

12540 VISTA ISLE DRIVE SUNRISE FL 33325



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.

83 City

SIGNATURE _	Signature, typed or printed name of registered agent and title if applicable	(NOTE: Fle	gistered Agent signature re	quired when reinstating)	DATE		
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE		ELETE	1. 1 TITLE		☐ Changi	Addition	
NAME	BALZANO, PAUL		1.2 NAME				
STREET ADDRESS	12540 VISTA ISLE DRIVE		1.3 STREET ADDRESS				
CITY+ST ZIP	SUNRISE FL 33325		1.4 C(1Y - ST - ZIP				
TITLE		ELETE	2. 1 TITLE	· · · · · · · · · · · · · · · · · · ·	Change	Addition	
NAME			2.2 NAME				
STREET ADDRESS			2 3 STREET ADDRESS				
CITY - ST - ZIP			2 4 City - ST - ZIP	· · · · · · · · · · · · · · · · · · ·			
TITLE		ELETE	3 1 TITLE	4	☐ Chang	Addition	
NAME			3 2 NAME				
SIREE LADDRESS			3.3 STREET ADDRESS	•			
Crty - St - Zift			3 4 CITY - ST - ZIP				
TITLE		ELETE	4 1 THTLE		Change	e 🔲 Addition	
NAME			4 2 NAME				
STREET ADDRESS			4 3 STREET ADDRESS				
CHY-S1-7IF			4 4 CiTY - ST - ZIP				
T-TLE		EL ETE	5 1 TITLE		Chang	Addition	
NAME			5.2 NAME				
STREET ADDRESS			53 STREET ADDRESS				
C-TY - \$1 - Z(P			5 4 CITY - ST - ZIP				
T TLF		ELETE	6 1 TITLE		Chang	Addition	
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CHY ST Z-P	y could, that the information purpoled with this films is well in		6.4 City - St - ZiP				

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 eath; 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:

ME AND TYPED US SHINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/96

Daytinie Phone #

CR2E034 (12/95)

Zip Code