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

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Zip

City & State

DOCUMENT #

P94000032673 (3)

BALLYHOO BLUES, INC. Principal Place of Business Mailing Address 191 GARDENIA ST. P O BOX 374 TAVERNIER FL 33070 TAVERNIER FL 33070 2. Principal Place of Business 4. FEI Number 65-0504935 2a, Mailing Address 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc.

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Zip

Country

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SMITH, KENNETH H

90290 OVERSEAS HWY. TAVERNIER FL 33070

Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees Country 8. This corporation has liability for intangible tax under s 199.032, 30 Florida Statutes Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code

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

	gnature, typed or printed name of registered agent and		NOTE: Registered Agent signature required	when reinstating) DATE
12	OFFICERS AND D	RECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1
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NAME	JONES, CLARK		. 1.2 NAME	
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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 3 if francied, of on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPE OF MINTED NAME OF SIGNING OFFICER OR DIRECTOR

305/852-3092

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

Applied For