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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90148 024 ***150.00

OCUMENT #	P94000040888
Cornoration Name	

D

SHOW CONCEPTS, INC.

Principal Place of Business Mailing Address					T I MOTTA DE 110 I MEITS, BLASS OFFIC GOURS OFFIC DESIT OFFIC PORTS FOR A FORD SERVICED.	
1376 HAZEL ST	r. N.W.	1376 HAZEL ST., N.W.				
		PALM BAY FL 32907				DO NOT WRITE IN THIS SPACE
US		US				3. Date Incorporated or Qualifed
						05/23/1994
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number Applied For
21		26				59-3281895 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			· · · · · · · · · · · · · · · · · · ·	\$8.75 Additional
22		27				5. Certificate of Status Desired
City & Stat	6	City & State		-		6Election Campaign Financing \$5.00 May Be
23		28				Trust Fund Contribution Added to Fees
Zip	Country	Zip	$\overline{}$	ıntry		8. This corporation owes the current year Intangible
24	25	29	30			Personal Property Tax. Yes No
	9. Name and Address of Curre	nt Registered Agent		81	Name	10. Name and Address of New Registered Agent
HIRS	SCH, ERIC				L	
	B HAZEL ST., N.W.			82	Street Add	dress (P.O. Box Number is Not Acceptable)
	M BAY FL 32907			83		
7 1 100						
				84	City	FL 85 Zip Code
41 Pursuant	to the provisions of Sections 607 050	02 and 607 1508 Florida Sta	tutes the a	boye	e-named corr	rooration submits this statement for the numose of changing its registered
office or r	egistered agent, or both, in the State	e of Florida. Such change was	s authorize	d bv i	the corporati	tion's board of directors. I hereby accept the appointment as registered
agent. I a	m familiar with, and accept the obliga	auons of, Section 607.0303, i	rionga Stat	ules.	•	
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable. (NO	OTE: Registered	i Agen	t signature requir	red when reinstating) DATE
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	☐ DELETE	1,1 T	ITLE		☐ Change ☐ Addition
NAME	HIRSCH, ERIC C		1.2 N	AME		
STREET ADDRESS	1376 HAZEL ST NW		1.3 S	TREET	ADDRESS	
CITY-ST-ZIP	PALM BAY FL 32907		1,4 0	ITY-SI	T-ZIP	
TITLE		☐ DELETE	2.1 T	TLE		Change Addition
NAME			2.2 N	AME		
STREET ADDRESS			2.3 S	TREET	ADDRESS	
CITY-ST-ZIP				S-YIK	T-ZIP	E30bass E3 Addition
TITLE		DELETE	3.1 T			☐ Change ☐ Addition
NAME			3.2 N			•
STREET ADDRESS			3.3 S	TREET	ADDRESS	•
CITY-ST-ZIP				CITY-S	T-ZIP	☐ Change ☐ Addition
TITLE		☐ DELETE	4.1 T		1	Change Nation
NAME				AME		•
STREET ADDRESS			i i		ADDRESS	
CITY-ST-ZIP		☐ DELETE		ITY-SI	T-ZIP	☐ Change ☐ Addition
TITLE		∟ DELETE	5.1 T 5.2 N		1	C Almiga Noting
NAME					ADDRESS	
STREET ADDRESS				ITY-SI		
CITY-ST-ZIP		☐ DELETE	6.1 T		1-2JF	☐ Change ☐ Addition
TITLE		C OFTER	6.2 N		1	
NAME					ADORESS	
STREET ADDRESS			5.50			

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 attachment with an address, with all other like empowered.

SIGNATURE: