FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

1995 MAY -[illegible] 8 08

[illegible] FLORIDA

DOCUMENT # P94000061168 (8)

1. Corporation Name
EVENTRICITY, INC.

Principal Place of Business	Mailing Address
3880 LANCEWOD DR CORAL SPRINGS FL 33065	3880 LANCEWOD DR CORAL SPRINGS FL 33065

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/12/1994
3a. Date of Last Report:

2. Principal Place of Business
21 5526 Croydon Court
22 Suite, Apt. #, etc.
23 City & State: Boca Raton, FL
24 Zip: 33486
25 Country: USA

2a. Mailing Address
26 P.O. Box 16365
27 Suite, Apt. #, etc.
28 City & State: Plantation, FL
29 Zip: 33318
30 Country: USA

4. FEI Number: [X] 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 [X] No

9. Name and Address of Current Registered Agent

BABEY, SANDRA J
1401 UNIVERSITY DR.
SUITE 600
CORAL SPRINGS FL 33071

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City: FL 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 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: SAME AS ABOVE
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when mandatory) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	11 TITLE	CTD [X] Change [ ] Addition
NAME	RUSH, S. TODD JR.	12 NAME	RUSH, S. Todd JR.
STREET ADDRESS	3880 LANCEWOD DR	13 STREET ADDRESS	5526 Croydon Ct.
CITY ST ZIP	CORAL SPRINGS FL 33065	14 CITY ST ZIP	Boca Raton, FL 33486
TITLE	VSD	21 TITLE	PSD [X] Change [ ] Addition
NAME	HETHERLY, JAN B	22 NAME	JAN B. Hetherly
STREET ADDRESS	3880 LANCEWOD DR	23 STREET ADDRESS	5526 Croydon Court
CITY ST ZIP	CORAL SPRINGS FL 33065	24 CITY ST ZIP	Boca Raton, FL 33486
TITLE		31 TITLE	[ ] Change [ ] Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	[ ] Change [ ] Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	[ ] Change [ ] Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	[ ] Change [ ] Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

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Jan 5-4-95

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)(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.

SIGNATURE: S. Todd Rush, JR. [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

28 MAY 1995
Date

(407) 368-4768
Daytime Phone Number

0108407 CP