

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED  
Sep 16 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P94000077405 (6)**

1. Corporation Name

**FESTA FACILITATORS, INC.**



Principal Place of Business <b>2803 W BUSCH BLVD SUITE 114 TAMPA FL 33628 US</b>	Mailing Address <b>2803 W BUSCH BLVD SUITE 114 TAMPA FL 33618 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21 5445 W. Mariner St.</b>		2a. Mailing Address <b>26 5445 W. Mariner St.</b>		3. Date Incorporated or Qualified <b>10/21/1994</b>		3a. Date of Last Report <b>05/01/1996</b>	
Suite, Apt. #, etc. <b>22 Ste. 201</b>		Suite, Apt. #, etc. <b>27 Ste. 201</b>		4. FEI Number <b>59-3273721</b>		Applied For <input type="checkbox"/> Not Applicable	
City & State <b>23 Tampa, FL</b>		City & State <b>28 Tampa, FL</b>		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
Zip <b>24 33609</b>		Country <b>25 USA</b>		Zip <b>29 33609</b>		Country <b>30 USA</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				5. May Be Added to Fees <b>\$5.00</b>			

9. Name and Address of Current Registered Agent

**MORRISON, THOMAS K  
1200 WEST PLATT STREET  
SUITE 100  
TAMPA FL 33606**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
<b>FL</b> 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>JOHNSON, BRIGHAM</b>	
STREET ADDRESS	<b>4508 OLD ORCHARD DRIVE</b>	
CITY - ST - ZIP	<b>TAMPA FL</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>JOHNSON, DIANA</b>	
STREET ADDRESS	<b>4508 OLD ORCHARD DR</b>	
CITY - ST - ZIP	<b>TAMPA FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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 person 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 *Brigham N. Johnson* **Brigham N. Johnson** 9/12/97 (813) 968-2972

CR2E034 (4/97)