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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000087013 (6)

GREAT SHOW INC.

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

Principal Place	19 N # 123	Mailing Address 324 TAVERNIER DR OLDSMAR FL 34677-4625						
		US		:		3. Date Incorporated or Qualified 12/01/1994	3a. Date of Last F 05/29/1996	Report
	TAVERNIER DR.	2a. Mailing Add	lross	:		4. FEI Number 59-3290000	A	pplied For ot Applicable
Sulte, Apt. #	f, etc.	Suite, Apt. #	t, etc.	:		5. Certificate of Status Desired		Additional equired
City & State	SMAR, FL	City & State		1		Election Campaign Financing Trust Fund Contribution	\$5.00	May Be to Fees
Zip 346	77 25 U.S	Zip 29	30	Oountry		8. This corporation has liability for i	intangible tax under s	s. 199.032,
	9. Name and Address of Curre		1	# (u		10. Name and Address of New Re	gistered Agent	
PRITCHARD, RANDY J 324 TAVERNIER DR OLDSMAR FL 34677				81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 City				
SIGNATURE .	Signature 14,000 or printed name of registered ag	KANDY	TPRI	TOHA	RO	corporation submits this statement for the paration's board of directors. I hereby accept the paration's board of directors. I hereby accept the paration of the paration of the paration of the paration of the paratic	1-30-97	
TITLE	n OFFICERS AIN	· · · ·	DELETE.		-	ADDITIONS/CHANGES TO OFFIC	Change	Addition
NAME STREET ADDRESS	PRITCHARD, RANDY J 40347 US HWY 10 N #123		KTC1E	1.∲ DITCE 1.≱ NAME 1.\$ STREET		324 TAVERNIER OF	R.	Addition
CITY-ST-ZIP	TARPON SPRINGS FL 34689-			14 CHTY-S	1 - 7IP	OLDSMAR, FL 346	7 /	
TITLE			DELETE	211011			Change	Addition
NAME				2 NAME				
STREET ADDRESS				2 \$ STREET				
CITY-ST-ZIP			DELETE	2 4 CITY-5	57 - Z (P			1 4 4 4 W
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		LJ	,u				Em cuange	Mudition
NAME				4. 2 NAME	45555505			
STREET ADDRESS				4.8 STREET				
CITY-ST-ZIP				4.4 CITY-S	41-71P			

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 suppliemental 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes or on an attachment with an address.

5 1 TITLE

5.2 NAME

6.1 1ITLF

6.9 STREET ADDRESS

5.8 STREET ADDRESS

5.4 CITY-ST-ZIP

DELETE

DELETE

11 - - - - - - - -

Change

Change

Addition

Addition

FILED

May 20 1997 8:00am

Secretary of State