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

DOCUMENT #

P95000030249 (3)

1. Corporation Name FLOATS & EVENTS, INC.

Principal Place of	of Business	Mailing Address						
1100 NW S RIVER DR Miami Fl 33136		1100 NW S RIVER DR MIAMI FL 33136						
					3. Date Incorporated or Qualified 04/13/1995 3a. Date of Last Report			port
2. Principal Plac	ne of Rusiness	2a. Mailing Address			4. FEI Number	1	A	pplied For
1		h1	26		65-0584951		N	ot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc	Suite, Apt #, etc		5. Certificate of Status Desired	S8.75 Additional Fee Required		
City & State		City & State			6. Election Campaign Financing \$5.00 May Be			
13		28			Trust Fund Contribution Added to Fees			
Zip	Country	Zip	Cour	itry	8. This corporation has liability for i	ntangible tax	under s	199.032,
24	25	29	30			□ No		
	9. Name and Address of Curr	ent Registered Agent			10. Name and Address of New R	egistered A	gent	
			1	Bil Name 名人	uce Skinner			
KORGE, THOMAS J				82 Street Add	ress (P.O. Box Number is Not Acceptate	(a)		
80 SW EIGHTH ST				110	OO N.W. South K	wer Ur	<u>.</u>	
WORLI	D TRADE CENTER SUTIE 280	3	Ţ	83				
AMARICE 20120							85 Zip	Code
				84 City Mic	Tui	FL	3	Code 3/36
or registere familiar wit	ed agent, of both, in the State of Filin and accept the obligations of Se	ondal Such change was aut ection 607.0505, Florida Sta	monzed by the catutes.	Apertagnation 5 doc		4/22/ DATE	196	
12.	1.00	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFF			
TITLE	President	DELETF	1 1 1	T₁€		L] Change	Add tion
NAME	BRUCE E. SKINN	IER	1.2 NA	ME				
STREET ADDRESS	1234 E. SECOND		1381	REET ADORESS				
CITY-ST ZIP	PORT ANGELES.		14C!	TY ST-Z-P				
TITLE	Charman et N.	/ [] DELETE	2 : 1	lt f] Change	☐ Addition
NAME	WILLIAM LOFTHO	USE	2.2 N	M€.				
STREET ADDRESS	835 SOUTH RAYM		235	REEL ADORESS				
*	PASADENA, CA		2 4 0	TY-ST ZIP				
CITY-ST-ZIP TITLE	I ADADBIA CA	DELETE					Change	Addition
NAME	1		3 2 N	ME				
STREET ADDRESS			33 \$	TREET ADDRESS				
				TY - ST - 21P				
CITY-ST-ZIP TITLE		T DELETI					Change	Addition
		<u></u>	42 N					
NAME				TREET ACORESS				
STREET ADDRESS	1		433	Tree Asoness				

CHY-ST-ZIP

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 marke under oath; that I am an officer of director of this corporation or the receiver or trusted en powered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Bock 13 or on an attachment with an address.

4 4 CITY - ST - ZIP

5.3 STREET ADDRESS

5.4 CiTY - ST. ZiP

5 1 TITLE

5.2 NAME

6 1 TITLE

6.2 NAME

SIGNATURE:

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

TITLE

NAME

RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Cb...

DELETE

DELETE

April 22 1996

Addition