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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

ANNL	PORATION AL REPORT Secretary of S DIVISION OF CORP			ry of Stat	State			Secretary of State			
	MENT # PO ENTERTAINMEN	95000046 t, inc.	307 (1)					L TREALBOL THE MENEL BOWN BRAIN BRAIN AR) 18 11 1741		1141 (141
Principal Place	of Business	Maili	nt Address								
836 6TH AVENI HUNTINGTON V	UE .	836 (HUN	Mailing Address 836 6TH AVENUE HUNTINGTON WV 25701-2108 US				ļ				
	ace of Business		lellos Add-ses	···				 Date Incorporated or Qualified 06/09/1995 	1	ite of Last R 10/1996	
2. Principal Pi	ace of business	26	lailing Address					4. FEI Number		h	plied For
Sulte, Apt.	#, etc.		uite, Apt. #, etc.					55-0743651		\$8.75	Additional
22		27			_			5. Certificate of Status Desired	Ш	Fee Re	
City & State	•	}\ ₁	ity & State					6. Election Campaign Financing		\$5.00	
Zip	Count		ıp	Cou	untry			Trust Fund Contribution	intensible	Added t	
24	25	29		30				 This corporation has liability for Florida Statutes 	Yes		. 199.032,
	9. Name and Addr	ess of Current Register	red Agent		Ţ,	····		10. Name and Address of New R	egistered	Agent	
	LS, JAMES R				81	Name)
10951 NW 3RD STREET					82	Street A	Addres	ss (P.O. Box Number is Not Accepta	ble)		
CORAL SPRINGS FL 33071											
					83 84	 					
						City		FL 85 Zip Code			
11. Pursuant l office or re agent. I a	to the provisions of Sec egistered agent, or bol m familiar with, and ac	ctions 607.0502 and 607 th, in the State of Florida cept the obligations of, S	.1508, Florida Statu . Such change was Section 607.0505, Fl	les, the a authorize orida Sta	bove d by	e-named the corp s.	corpo oratio	ration submits this statement for the n's board of directors. I horoby according to the control of the control	purpose of opt the app	changing it ointment as	s registered registered
SIGNATURE	Classifies broad or printed nor	no of togistered agent and little if a	(NO)	IF. Floristan				when reinstaling)	DATE		· · · · · · · · · · · · · · · · · · ·
12.		OFFICERS AND DIRECT		13.	:o Age	ant signature	required	ADDITIONS/CHANGES TO OFF		DIRECTOR	IS IN 12
TITLE	PSTV		DELETE	1,11	IILE					Change	Addition
NAME	WELLS, JAMES R			1.2 N	IAME	ĺ					(;
STREET ADDRESS	10951 NW 3RD S			- 8		ADDRESS					Į.
CITY-ST-ZIP TITLE	CORAL SPRINGS	FL 330/1	DELETE	1.40	HTY - 5	1-7IP				Change	Addition
NAME	WELLS, JAMES R				IAME	1				change	Magazini P.
STREET ADDRESS	10951 NW 3RD S			1		ADDRESS					1
CITY-ST-ZIP	CORAL SPRINGS			1		ST-ZIP					
TITLE			DELETE	3.1 T	ULE					Change	Addition
NAME				32 N							}
STREET ADDRESS						ADDRESS					
CITY-ST-ZiP TITLE			DELETI	4.1 7		S1 - ZIP				Change	Addition
NAME			order		NAME		i			L_ Ondrigo	
STREET ADDIRESS						ADDRESS					
CITY-ST-ZIP						1-7IP					
TITLE			DELETE	5.1 7						Change	Addition
NAME	l			5.2 N		Į					
STREET ADDRESS						ADORESS					
CITY-ST-ZIP TITLE			DELETE	54 C 6.1 T		3 - 21P				Change	Addition
NAME	ı		- Deceie		IAME	ſ				- Unungo	
STREET ADDRESS				•		ADDRESS					ł
CITY-ST-ZIP	l				HTY-S	Į.	}				ļ

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the information indicated on this amount report or supplemental annual report is true and accurate and that my signature shall have the same logal 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 phanged, or on an attachment with an address.

W/James R3 Wells 1

4-30-97 (304)522-0397

FILED

May 12 1997 8:00am