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May 01 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P95000057231 (9)

1. Corporation Name  
AMERIN ENTERTAINMENTS, INC.



Principal Place of Business  
2440 AMHERST AVE.  
SPRING HILL FL 34809

Mailing Address  
2440 AMHERST AVE.  
SPRING HILL FL 34809-3314

3. Date Incorporated or Qualified 07/25/1995	3a. Date of Last Report 08/01/1996
4. FEI Number 59-3321316	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
30 City	

9. Name and Address of Current Registered Agent

FITZGERALD, WILLIAM P  
2440 AMHERST AVE.  
SPRING HILL FL 34809

10. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
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

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

(NOTE: Registered agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PT	1. TITLE	
NAME	FITZGERALD, WILLIAM P	1.1 NAME	
STREET ADDRESS	2440 AMHERST AVE.	1.2 STREET ADDRESS	
CITY-ST-ZIP	SPRING HILL FL 34809	1.3 CITY-ST-ZIP	
TITLE	VS	2. TITLE	
NAME	FITZGERALD, LEA	2.1 NAME	
STREET ADDRESS	2440 AMHERST AVE.	2.2 STREET ADDRESS	
CITY-ST-ZIP	SPRING HILL FL 34809	2.3 CITY-ST-ZIP	
TITLE		3. TITLE	
NAME		3.1 NAME	
STREET ADDRESS		3.2 STREET ADDRESS	
CITY-ST-ZIP		3.3 CITY-ST-ZIP	
TITLE		4. TITLE	
NAME		4.1 NAME	
STREET ADDRESS		4.2 STREET ADDRESS	
CITY-ST-ZIP		4.3 CITY-ST-ZIP	
TITLE		5. TITLE	
NAME		5.1 NAME	
STREET ADDRESS		5.2 STREET ADDRESS	
CITY-ST-ZIP		5.3 CITY-ST-ZIP	
TITLE		6. TITLE	
NAME		6.1 NAME	
STREET ADDRESS		6.2 STREET ADDRESS	
CITY-ST-ZIP		6.3 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 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:

William P. Fitzgerald  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/4/97

352-596-2278

Date

Daytime Phone

CR2E034 (9/96)