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PROFIT CORPORATION ANNUAL REPORT

1997

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SIGNATURE:



FLORIDA DEPARTMENT OF STATE

**FILED** 

Apr 15 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## POCUMENT # P96000015732 (6)

SOUTH FLORIDA ENTERTAINMENT GROUP, INC.

Principal Place of Business Mailing Address 1710 HARRISON ST. 1710 HARRISON ST. HOLLYWOOD FL 33020-6815 HOLLYWOOD FL 33020 3. Date Incorporated or Qualified 3a. Date of Last Report 02/20/1996 2. Principal Place of Business Applied For 00C066 P.O. IJOX 068444 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State 6. Election Campaign Financing \$5.00 May Be Holk Trust Fund Contribution Added to Fees 23 28 Country 8. This corporation has liability for intangible tax under s. 199.032,  $Z_{0}$ : No. Florida Statutes Yes Yes 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name ATKINSON, WILSON C III 1946 TYLER ST. 82 Street Address (P.O. Box Number is Not Acceptable) HOLLYWOOD FL 33020 83 Zip Code 84 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and tele if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 OFFICERS AND DIRECTORS 13. PSD Change Addition DELETE 1.1 TITLE TITLE REILLY, PATRICK T 1.2 NAME NAME 1710 HARRISON ST. STREET ADDRESS 1.3 STREET ADDRESS HOLLYWOOD FL 33020 1.4 CITY - ST - ZíP CITY: ST-Zir DELETE Addition 2.1 TITLE THILE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS 2 4 City-St-ZiP CHTY- \$1 - 7/E Addition DELETE Change 3.1 TITLE BILL 3.2 NAME NAMi 3 3 STREET ADDRESS STREET ADDRESS 3 4. CITY - ST - ZIP CHY-SI-ZE Addition DELETE Change 4.1 TITLE THEF 4 2 NAME NAMI STREET AUDRESS 4.3 STREET ADDRESS 4.4 CiTY-ST-ZIP Criv-SI-ZF Addition DELETE 51 TITLE Change TITLE 5.2 NAME NAME **53 STREET ADDRESS** STREET ADDRESS 54 CITY+SY-ZIP CITY SI-ZIP Addition THLE □ DELETE 6.1 TITLE Change 6.2 NAME NAME 6.3 STREET ADDRESS STHEET 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 concentration or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name