

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 # P96000018109 (4)

1. Corporation Name
EVENTS UNLIMITED, INC.

Principal Place of Business
5050 OCEAN BEACH BLVD STE 105
COCOA BEACH FL 32931

Mailing Address
5050 OCEAN BEACH BLVD STE 105
COCOA BEACH FL 32931-3762

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

97-98
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2. Principal Place of Business	2a. Mailing Address
21 11240 S. TROPICAL TRAIL	26 P.O. BOX 360713
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State Merritt Island, FL	28 City & State Melbourne, FL
24 Zip 32952	29 Zip 32936
25 Country USA	30 Country USA

3. Date Incorporated or Qualified 02/26/1996	3a. Date of Last Report
4. FEI Number 59-3365794	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> X	\$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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
BENJAMIN, JACQUELINE 5050 OCEAN BEACH BLVD STE 105 COCOA BEACH FL 32931		81 Name Benjamin Jacqueline 82 Street Address (P.O. Box Number is Not Acceptable) 11240 South TROPICAL TRAIL 83 Merritt Island 84 City FL 85 Zip Code 32952	

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] 3-10-98
Signature (typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENJAMIN, JACQUELINE	1.2 NAME	President/owner
STREET ADDRESS	5050 OCEAN BEACH BLVD STE 105	1.3 STREET ADDRESS	Jacqueline in Benjamin
CITY-ST-ZIP	COCOA BEACH FL 32931	1.4 CITY-ST-ZIP	11240 South TROPICAL TRAIL Merritt Island, FL 32952
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	9000002469829-- 3
CITY-ST-ZIP		2.4 CITY-ST-ZIP	-03/26/98--01107--010
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	***908.75
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 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: [Signature] 3-10-98 407-777-3768
SIGNATURE REQUIRED