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 # P96000045593 (6)

FAMILY AFFAIRS EVENTS & PUBLICATIONS, INC.

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Principal Place	of Business	Mailing Address			1 102(100) (10 101)	IIIKI BERIJADIN GALI	# 49 544 #199 1 9 14	OL BILLO HUND	<u> </u>	
5420 BAY CENT	er drive	5420 BAY CENTER DRIVE		- 1						
SUITE 200 SUITE 200										
TAMPA FL 33609 TAMPA FL 33609-3425				-	3. Date Incorporate	d or Ouglitian	3a Data	of Last Re	oport	
					05/22/1996	id bi doailied	34. Date			
2. Principal Pla		2a. Mailing Address	2 ~	\ \	4. FEI Number	00000	. ^	h	plied For	
21 594 Suite, Apt #	D Wariner 34	26 5440 VVC Suite, Apt. #, etc.	ariner S	74	54-5	78 229	5		t Applicable	
) oic.	27 N. H. H.			5. Certificate of Sta	tus Desired		\$8.75 A	4	
City & State City & State			\sim		6. Election Campai	gn Financing		\$5.00	May Be	
23 Tal	mpa th	28 ampa	- FC		Trust Fund Contr	ibution		Added t		
Zip 24 336	Country	Zip	Country	_	8. This corporation				. 199.032,	
24 336	09 25 USA	29 53 COY 3	OSA		Florida Statutes 10. Name and Addi		Yes 🗌			
AU 10	9. Name and Address of Current	Registered Agent	81 Name		10. Name and Add	ess of Man M	Brereien vo	POTIL		
SIMONETH, STERRIL							,			
5420 BAY CENTER DRIVE				net Address (P.O. Box Number is Not Acceptable)						
SUITE 200 TAMPA FL 33609				83 C 1/2 1/2						
IAME		<u>700 I</u>	110 110-	·						
			84 City	Tre	mpa		FL	85 Zip (Code AC	
11. Pursuant to	the provisions of Sections 607.0502	and 607.1508. Florida Statutes.	the above-named	corpora	ation submits this sta	tement for the r	ourpose of c	hanging it	s registered	
office or re	o the provisions of Sections 607.0502 gistered agent, or both, in the State of a familiar with, and accept the obligati	torida. Such change was aut	horized by the corp	poration	's board of directors	. I hereby acce	pt the appoir	ntment as	registered	
	Transpar Willi, and accept the obligation	A A SOCIO TO A SOCIO TO	PO TES IDE	- (x	P	4/25	16			
SIGNATURE	Signatur Typed or printed name of registered agent.	and tille mapplicable. (NOTE F	Registered Agent signature	e required	when reinstating)	4 20	DATE			
12.	OFFICERS AND		13.		ADDITIONS/CHAP	IGES TO OFFIC				
TILLE	PSD	☐ DELETE	1.1 TITLE				>	Change	Addition	
NAME	SIMONETTI, SHERRI L		1.2 NAME		٨٨٠٠	Same O	L #1	12-		
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TITLE	TD ONONETTE DICHARD F	☐ DELETE	2.1 TITLE					Change	Addition	
NAME	SIMONETTI, RICHARD F 5420 BAY CENTER DRIVE, SUITI	E 200	22 NAME	SL	JUD MAG	riners	九 🏎 🛚	12-		
STREET ADDRESS	TAMPA FL 33609	E 200	2.3 STREET ADDRESS		TO 4 0	FL 22	1.00			
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NAME			4.2 NAME							
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information	y certify that the information supplied to indicated on this annual report or sup-	oplemental annual report is true	e and accurate and	d that m	y signature shall hav	e the same lega	al effect as if	f made und	der oath; that [
Lam an of	ficer or director of the corporation or the Block 12 or Block 13, if changed, or c	ne receiver or trustee empower on an abachment with an addre	ed to execute this r ess.	report a	is required by Chapti	er 607, Florida s	Statutes; and	I that my r	ame	
- Laborator of the		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,								

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE AND PRINTED NAME OF SIGNATU

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May 16 1997 8:00am

Secretary of State