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

PROFIT CORPORATION ANNUAL REPORT

1997

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

22



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

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DOCUMENT #	P96000052802	(1

EVENTIME CALENDAR XPRESS, INC.

992 SPRINGDALE CIRCLE PALM SPRINGS FL 33461	992 Springdale Circle Palm Springs Fl 33461-6334	
Principal Place of Business	Mailing Address	

26

27

28

2a. Mailing Address

City & State

Suite, Apt. #, etc.

FILED Apr 21 1997 8:00am Secretary of State

|--|

3a. Date of Last Report

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

3. Date Incorporated or Qualified

5. Certificate of Status Desired

6. Election Campaign Financing

Trust Fund Contribution

06/20/1996

Zip	Country	Zip	Countr	у	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes						
24	25 9. Name and Address of Current	29 Agent	[30]		Florida Statutes L Yes Mo 10. Name and Address of New Registered Agent						
LUC			81	Nam							
	KIN, MARK H										
	MIRKIN & WOOLF, P.A.	00	82	Stree	et Address (P.O. Box Number is Not Acceptable)	- }					
	O PALM BEACH LAKES BLVD, #5	80	83	.							
WE	ST PALM BEACH FL 33401		*`	1		1					
li i			84	City	FL 85 Zip Code						
11. Fursuant 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 collice 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	Storature Typind or prioted frame of registered agent	and take dispersional (NO)	Tr. Decintored A		sture required when reinstating) DATE	{					
12.	OFFICERS AND		13.	ont signat	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	,					
inte	0	DELETE	1.1 TITLE		P/O Change Ad						
NAME	RUSSELL, JAMES A		1.2 NAME		170						
STREET ADDRESS	992 SPRINGDALE CIRCLE			T ADDRES							
CHTY - S1 - ZIP	PALM SPRINGS FL 33461		1.4 CITY-		SS .	l					
TILLE	D	DELETE	2.1 TITLE		T/D Change Ad	ddition					
NAME .	RUSSELL, CHERYL L		2.2 NAME		170	ł					
STREET ADORESS	992 SPRINGDALE CIRCLE		2.3 STREE	T ADDRES	ss (Ì					
CITY - ST - ZIP	PALM SPRINGS FL 33461		2. 4 CiTY			- {					
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STREET ADORESS				T ADDRES	28	ł					
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1:TLF		DELETE	6.1 TITLE		Change Ad	doition					
NAME			6.2 NAME			Ì					
STREET ADDRESS			6.3 STREE	t addres	ss	l					
City-ST ZIP			6.4 CITY-			{					
informatic Lanuario	in indicated on this arinual report or su	pplemental annual report is the receiver or trustee empoy	true and acc wered to exe	curáte a	in stated in Section 119.07(3)(i), Florida Statutes. I further certify that the and that my signature shall have the same legal effect as if made under oath its report as required by Chapter 607, Florida Statutes; and that my name	n; that					