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 # P96000054568 (6)

A SPLENDID EVENT, INC.

Principal Place of Business	Mailing Address	
2185 DURBAN COURT OVIEDO FL 32785	2135 DURBAN COURT OVIEDO FL 32765-5842	
2. Principal Place of Business	2a. Mailing Address	

FILED Apr 25 1997 8:00am Secretary of State



OVIEDO PL 327	65	ONEDO FE 32703-3042							
						 Date Incorporated or Qualified 06/24/1996 	3a. Date of I	ast Report	
··	ace of Business	2a. Mailing Address				4. FEt Number		Applied For	
21		26				59-3386217		Not Applica	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired		.75 Additional	
22		27						ee Required	
City & State		City & State				6. Election Campaign Financing		5.00 May Be	
23	Country	28	T 600	untry		Trust Fund Contribution		dded to Fees	
Zip 24	<u>├─</u> ┐	Zip	├ ¬	utility		8. This corporation has liability for Florida Statutes	intangible tax ur] Yes ∏ No	ider s. 199.032,	
24]	25 9. Name and Address of Curren	29	30	Τ		10. Name and Address of New Re			
A)OU		it Hogistored Agent		81	Name				
	IYEN, TSUI-YU J								
	DURBAN COURT			82 Street A		Address (P.O. Box Number is Not Acceptable)			
OVIE	DO FL 32765			B3					
				84	City		FL 85	Zip Code	
11 Purcuant	to the provisions of Sections 607.050	2 and 607 1508. Florida Statu	tes the a	hove	-named cor	rnoration submits this statement for the r		aina its realster	
office or re	egistered agent, or both, in the State	of Florida. Such change was	authorize	d by	the corpora	rporation submits this statement for the pation's board of directors. I hereby acce	pt the appointme	ent as registere	
(m familiar with, and accept the obliga					lauren 1	1/0	Ularla	
SIGNATURE	Signature 1996d or profeed named in registered age	int and title if the floor title (NO	1E: Registere	d ApA	nt signature regi	WY LIW NGUYEN uired when rainstaing)	DATE .	1/20-1	
12.	OFFICERS ANI	D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC	CERS AND DIRE	CTORS IN 12	
TITLE	D	DELETE	1.1 T	ITLE			□ c	hange 🔲 Addi	
NAME	NGUYEN, TSUI-YU J		1.2 N	AME					
STREET ADDRESS	2135 DURBAN COURT		1.3 S	TREET	ADDRESS				
CITY-ST-ZIP	OVIEDO FL 32765		1.4 C	::::::::::::::::::::::::::::::::::::::	1-ZIP				
TITLE	D	☐ DELETE	2.1 Ti	ITLE			□ c	hange Addi	
NAME	SANSEVERINO, GAYLE P		2.2 N	AME	-				
STREET ADDRESS	5563 SASSPARILLA LANE		2.3 S	TREET	ADDRESS				
CITY-ST-ZIP	ORLANDO FL 32821		2.40	CITY - S	ST - ZIP				
TITLE		DELETE	3.1 7	ILE			CI	hange 🔲 Addi	
NAME			3.2 N	AME					
STREET ADDRESS			3.3 \$	TREET	ADDRESS				
CITY - ST - ZIP			3.4. (CITY - S	51 - ZIP				
TITLE		☐ DELETE	4.1 T	ITLE			□ 0	hange 🔲 Addi	
NAME			4.21	NAME					
STREET ADDRESS			4.3 S	TREET	ADDRESS				
CITY-ST-ZIP			4.4 0	HY-S	T - ZIP				
TITLE		☐ DELETE	5.11	ITLE				hange [_] Addi	
NAME			5 2 N	IAME					
STREET ADDRESS			5.3 \$	TREET	ADDRESS				
CITY-ST-ZIP				HY-S	T-ZiP				
TITLE		DELETE	611	ITLE	ļ		L C	hange 🔲 Addi	
NAME			62 N	IAME					
STREET ADDRESS			635	STREET	ADDRESS				
CITY-ST-ZIP		-	640	DITY-S	J - ZIP				

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 trusted 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.