

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

FILED
Jun 05 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000058143 (4)
 1. Corporation Name
BULLSEYE COUNTRY DANCE CLUB, INC.



Principal Place of Business 4300 DIXIE HIGHWAY #10B PALM BAY FL 32905	Mailing Address 4500 DIXIE HIGHWAY #10B PALM BAY FL 32905-4350
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/06/1996		3a. Date of Last Report	
21	26	4. FEI Number 59-2389460		Applied For		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22 City & State		27 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
23 Zip Country		28 Zip Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
24	25	29	30				

9. Name and Address of Current Registered Agent

KINNAIRD, STEVEN A
4500 DIXIE HIGHWAY #10B
PALM BAY FL 32905

10. Name and Address of New Registered Agent

81 Name Meach Thomas F.	85 Zip Code 32905
82 Street Address (P.O. Box Number is Not Acceptable) 4500 Dixie Highway #10B	
83	
84 City Palm Bay	FL

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 *Steven A. Kinnaird*
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	DELETE
NAME	KINNAIRD, STEVEN A	
STREET ADDRESS	961 HOOPER AVENUE NE	
CITY-ST-ZIP	PALM BAY FL 32905	
TITLE	D	DELETE
NAME	MEAD, THOMAS F	
STREET ADDRESS	1541 ERIE COURT SE	
CITY-ST-ZIP	PALM BAY FL 32909	
TITLE	D	DELETE
NAME	BENNETT, RANDY J	
STREET ADDRESS	325 VALENCIA ROAD	
CITY-ST-ZIP	WEST MELBOURNE FL 32904	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Officers
4.3 STREET ADDRESS	Zabielski, Anthony J.
4.4 CITY-ST-ZIP	2105 South Atlantic Street #612
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Melbourne Beach, FL 32951
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET 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 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 *Steven A. Kinnaird*

CR2E034 (9/96)