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Mar 24 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000065284 (7)

1. Corporation Name  
SFX ENTERPRISES, INC.



Principal Place of Business  
1776 ANNISTON ROAD  
JACKSONVILLE FL 32246

Mailing Address  
POST OFFICE BOX 60299  
FORT MYERS FL 33906-6299

3. Date Incorporated or Qualified 07/30/1996 3a. Date of Last Report

2. Principal Place of Business 21 1214 N. E. 9TH AVE 2a. Mailing Address 26 1214 NE 9TH AVENUE

22. City & State 23 CAPE CORAL, FL 27. City & State 28 CAPE CORAL, FL

24. Zip 33909 25. Country US 29. Zip 33909 30. Country US

4. FEI Number 59-3392305 Applied For Not Applicable

5. Certificate of Status Desired 5. \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution 6. \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes 8. Yes No

9. Name and Address of Current Registered Agent

SALIBA, TOMMY G  
1776 ANNISTON ROAD  
JACKSONVILLE FL 32246

10. Name and Address of New Registered Agent

81 Name SALIBA, Tommy G.  
82 Street Address (P.O. Box Number is Not Acceptable) 1214 NE 9TH AVENUE  
83  
84 City CAPE CORAL FL 85 Zip Code 33909

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, 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 further willing to accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: [Signature] 3-15-97 (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

1. TITLE D 1. NAME SALIBA, TOMMY G 1. STREET ADDRESS POST OFFICE BOX 60299 1. CITY-ST-ZIP FORT MYERS FL 33609-6299  
2. TITLE D 2. NAME FOX, PAUL G 2. STREET ADDRESS POST OFFICE BOX 60299 2. CITY-ST-ZIP FORT MYERS FL 33609-6299  
3. TITLE 3. NAME 3. STREET ADDRESS 3. CITY-ST-ZIP  
4. TITLE 4. NAME 4. STREET ADDRESS 4. CITY-ST-ZIP  
5. TITLE 5. NAME 5. STREET ADDRESS 5. CITY-ST-ZIP  
6. TITLE 6. NAME 6. STREET ADDRESS 6. CITY-ST-ZIP  
7. TITLE 7. NAME 7. STREET ADDRESS 7. CITY-ST-ZIP  
8. TITLE 8. NAME 8. STREET ADDRESS 8. CITY-ST-ZIP  
9. TITLE 9. NAME 9. STREET ADDRESS 9. CITY-ST-ZIP  
10. TITLE 10. NAME 10. STREET ADDRESS 10. CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE D 11. NAME SALIBA, TOMMY G 11. STREET ADDRESS 1214 NE 9TH AVENUE 11. CITY-ST-ZIP CAPE CORAL, FL 33909  
12. TITLE 12. NAME 12. STREET ADDRESS 12. CITY-ST-ZIP  
13. TITLE 13. NAME 13. STREET ADDRESS 13. CITY-ST-ZIP  
14. TITLE 14. NAME 14. STREET ADDRESS 14. CITY-ST-ZIP  
15. TITLE 15. NAME 15. STREET ADDRESS 15. CITY-ST-ZIP  
16. TITLE 16. NAME 16. STREET ADDRESS 16. CITY-ST-ZIP  
17. TITLE 17. NAME 17. STREET ADDRESS 17. CITY-ST-ZIP  
18. TITLE 18. NAME 18. STREET ADDRESS 18. CITY-ST-ZIP  
19. TITLE 19. NAME 19. STREET ADDRESS 19. CITY-ST-ZIP  
20. TITLE 20. NAME 20. STREET ADDRESS 20. 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] 3-15-97 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Home #

CR2E034 (9/96)