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 # P96000071795 (4)

CARIZMA ENTERTAINMENT, INC.

1406	NEW	BRITAIN	₽R

Principal Place of Business

Mailing Address

1406 NEW BRITAIN DR BRANDON FL 33511-83

FILED May 14 1997 8:00am Secretary of State



	Applied For Not Applicable 5 Additional
21 601 FALKEN BURG RD 26 10045 Adamo DR. 59-3400113 Suite, Apt. #, etc. 59-3400113 Suite, Apt. #, etc. 5 Confidence of Status Decired of \$8.7	Not Applicable 5 Additional
Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Cartificate of Status Decired 54 \$8.7	5 Additional
I & Contitionte of Status Desired A	
FAI	e Required
	00 May Be led to Fees
Zip Country, . 7ip Country, . 8. This corporation has liability for intendible tax under	er s. 199.032,
24 33619 25 Hillsborough 29 33619 30 Hillsborough Florida Statutes Yes No	
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent	
ROMETO, PATRICK F	
1406 NEW BRITAIN DR 82 Street Address (P.O. Box Number is Not Acceptable)	
BRANDON FL 33511	
83	
84 City FL 85 2	Zip Code
11 Divergent to the provisions of Sections 607 0502 and 607 1508. Florida Statutes, the above named corporation submits this statement for the purpose of changing	ig 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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.	t as registered
SIGNATURE Patil 1/16 4/29/97	
Signature, typed or printed name of registered agent and hitle if applicable (NOTE fregistered Agent signature required when reinstalling) DATE	FODC IN 40
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A CANA A SIMAL MARKETAINA MARK	
STREET ADDRESS 1408 NEW BRITAIN ON 13 STREET ADDRESS 1426 HARNESS 1608 & LANE 4101 CITY-ST-ZIP BRANDON, FL 33511 14 CITY-ST-ZIP BRANDON, FL 33511	
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NAME 22 NAME	_
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TITLE DELETE 31101LE Char	ige 🔲 Addition
NAME 32 NAME	
STREET ADDRESS 3.3 STREET ADDRESS	
CITY-ST-ZIP 3.4 CITY-ST-ZIP	
TITLE DELETE 4.1 TITLE Char	ige 🔲 Addition
NAME 4.2 NAME	
STREET ADDRESS 43 STREET ADDRESS	
CITY-ST-ZIP 4.4 CITY-ST-ZIP	
TITLE DELETE 5.1 TITLE Char	ige L. Addition
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CITY-SI-ZIP 64 CITY-SI-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 information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made	that the

14. To hereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. Thurster early that the information indicated on this annual report or suppliemental annual report is true and accurate and that my signature shall have the same logal 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.

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