

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90136 020 ***150.00

DOCUMENT # **P96000088057**

1. Corporation Name

**KESSLER & ASSOCIATES ENTERTAINMENT MANAGEMENT IN
CORPORATED**

Principal Place of Business

**265 SUNRISE AVE STE 204
PALM BEACH FL 33480**

Mailing Address

**265 SUNRISE AVE STE 204
PALM BEACH FL 33480**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/18/1996

4. FEI Number

65-0707661

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year in angible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt #, etc.

2a. Mailing Address

26 Suite, Apt #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

**MINTMIRE, DONALD F.
265 SUNRISE AVE STE 204
PALM BEACH FL 33480**

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL.

85. Zip Code

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent as of date if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **PD**
STREET ADDRESS: **TONY KESSLER**
CITY-ST-ZIP: **9126 VINEYARD LAKE DR
PLANTATION FL**

TITLE ☐ DELETE
NAME **VPSD**
STREET ADDRESS: **DONALD F. MINTMIRE**
CITY-ST-ZIP: **265 SUNRISE AVE #204F
PALM BCH FL**

TITLE ☐ DELETE
NAME **T**
STREET ADDRESS: **PAUL SAFRAN, JR**
CITY-ST-ZIP: **265 SUNRISE AVE, #204
PALM BCH FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS:
CITY-ST-ZIP:

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
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ Change ☐ Addition

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)