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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P96000091808

MAIN EVENT DIDECT INC

## FILED Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90093 045 \*\*\*150.00

	'ENT DIRECT, INC.								
Principal Place	e of Business	M	ailing Address				+ ;	<b>P</b> 1 (1881 184)	11 <b>2019</b> 1 1911 1881
2461 PALMETTO	O CIRCLE	246	1 PALMETTO CIRCLE						
SOUTH DAYTONA FL 32119 SOUTH DAYTONA FL 32119				9			DO NOT HIGHT IN THIS O	DAGE	
							DO NOT WRITE IN THIS S	PACE	
							3. Date Incorporated or Qualifed		
			8.8-10- a Baldenson				11/04/1996 4. FEI Number		Applied For
<del></del> 3	lace of Business	1	. Mailing Address				59-3413685		Not Applicable
21	4	26	Suite, Apt. #, etc.			<del></del>	39-34 13063		Additional
Suite, Apt.	#, etc.	L-	Suite, Apr. #, etc.				5. Certifcate of Status Desired	·	Required
22 City & State		27	City & State				= 6-Election Campaign Financing		0-May Be:
<b></b> ¬		28	Oily W.Oldio		<del></del>		Trust Fund Contribution		d to Fees
Zip	Country	20	Zip	Cot	ntry	<del></del>	8. This corporation owes the current year Intar		
24	25	29		30	,			∐ Yes	X No
24	9. Name and Address of Currer		stered Agent	1901	<u> </u>		10. Name and Address of New Registered A	gent	
	<u> </u>				81	Name			
PAPA	ADEAS, DEAN G					01	(D.O. Day Number is Net Assessable)		
	PALMETTO CIRCLE				82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
	TH DAYTONA FL 32119				83				
					84	City	FL	85   Zip	p Code
	A- II	12 and 6	07 1E09 Elerido Statut	on the s	boye	named corno	oration submits this statement for the nurnose of ch	hanging i	its registered
office or r	registered agent or both in the State.	of Florid	da. Such change was a	uthorize	ו על נ	the corporatio	n's board of directors. I hereby accept the appoint	ment as	registered
agent. I a	im familiar with, and accept the obliga	ations of	, Section 607.0505, Flo	rida Stat	utes.		•		
SIGNATURE						t signature required	when reinstating) DATE		
	Signature, typed or printed name of registered age		if applicable. (NOTE	: Registered	Agen	t signature required	when reinstating)		
12.		שמות חו.	CTOPS	12			ADDITIONS/CHANGES TO DEFICERS AND	DIRECT	TORS IN 12
TITLE	<del></del>	ND DIRE	CTORS	13.	TI F		ADDITIONS/CHANGES TO OFFICERS AND	DIRECT	
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14. I hereby certify that the information supplied with this filing does not guality 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 of true and accurate this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or or ap attact ment with an address, with all other like empowered.

SIGNATURE:

IBE AND TYPED OR PRIVATED NAME OF SIGNING OFFICER OR DIRECTOR

Plate 99 300-V3