## 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 # P96000093678 (6)

HOQ 5-STAR PRODUCTIONS, INC.

HCG 5-STAR PROMOTIONS, INC.

Principal Place of Business 101 F. KENNEDY BLVD., SUITE 2175 Mailing Address

101 E. KENNEDY BLVD., SUITE 2175

## **FILED** Mar 10 1997 8:00am Secretary of State



TAMPA FL	33602	TAMPA FL 33602-5148	00,,,,				
					3. Date Incorporated or Qualified 11/12/1996	3a. Date of Last	Report
2. Principa	Place of Business	2a. Mailing Address	_ tt-tr		4. FEI Number	<u> </u>	Applied For
21		26	26		59-3417908 Not Applic		Not Applicable
Suite, Apt. #, etc. 22		Suite, Apt. #, etc.	· · · · · · · · · · · · · · · · · · ·		5. Certificate of Status Desired	S8.75 Additional Fee Required	
City & St 23	tate	City & State			Election Campaign Financing Trust Fund Contribution		May Be
Ζιρ	Country	Zip	Zip Country		8. This corporation has liability for intangible tax under s. 199.032,		
24	25	29	30			Yes No	
	9. Name and Address of C	urrent Registered Agent		I Maria	10. Name and Address of New Re	istered Agent	
	IACO, STEPHEN C		81	Name			
101 E. KENNEDY BLVD., SUITE 2175			82	Street Add	treet Address (P.O. Box Number is Not Acceptable)		
1/	AMPA FL 33602		63				
			0.3	l			
			84	City		FL 85 Zip	Code
11. Pursua office d agent.	nt to the provisions of Sections 60 or registered agent, or both, in the Lam familiar with, and accept the	7.0502 and 607.1508, Florida Statut State of Florida Such change was obligations of, Section 607.0505, Fl	tes, the above authorized by orida Statute	e-named cor y the corpora s.	poration submits this statement for the p ation's board of directors. I hereby accep	urpose of changing	its registered s registered
SIGNATURI	E Stgrafine , typical or product man is of register	A CO	TE: Ot a placed An	ort signature soon	ulred when reinstating)	DATE	
12.		S AND DIRECTORS	13.	e it signature requ	ADDITIONS/CHANGES TO OFFIC		RS IN 12
THLE		DELETE	1.1 TITLE			☐ Change	
NAME	P/S/T	v. a	1.2 NAME				
STREET ADDRES	* 101 E. KENNED	N C. Y BLVD., #2175	1.3 STREET	ADDRESS			
CITY-S1-7iP	TAMPA FL 33	602	1.4 CITY - 5	ST-21P			
TITLE		☐ DELETE	2.1 TITLE			Change	☐ Addition
NAME			2.2 NAME				
STREET ADDRES	58		2 3 STREET	ADDRESS			
(11Y-S1-7)P			2 4 CITY-				
TITLE		☐ DELETE	31 TITLE	-		Change	Addition
NAME			3.2 NAME				
STREET ADDRES	35		3 3 STREET				
CITY - ST - ZIP TITLE		DELETE	3.4. CITY- 4.1 TITLE	81-216		Change	Addition
NAME		occur	4.2 NAME			Change Change	L. HOURSH
STREET ADDRES	38		4.2 (NAME				
CITY-ST-7.P			4.4 CITY - S				
THE		DELETE	5 1 TITLE			Change	Addition
NAME			5.2 NAME				
STREET ADDRES	ss		53 STREET	ADDRESS			
CITY-ST-Z-P			5.4 CITY - 8	ST-2IP			
1:ILF		DELETE	6 1 TITLE			☐ Change	Addition
NAME			6.2 NAME		1000021\0 -03/11/970102	ទ្ធមន្ត្រ។	
STREET ADDRES	55		6.3 STREET	ADDAE\$S	-U3/11/3/U1W2	:6U23	.
CITY - ST - ZIP			6.4 CITY - S	ST-ZIP	***165.00		<u> </u>

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 arrival report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under a man 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.

SIGNATURE: