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

**PROFIT CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # P96000095063 (9) HAMILTON/MARTINEAU ENTERTAINMENT CORPORATION

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



Principal Place of Business Mailing Address							T I NORINDAT TIR BOTIC BLOCK BRITE BRICK	BULLO 18161 91411 08119 01	TOO INN HOUT
2032 MASSACHUTTS AVENUE NE 2032 MASSACHUTTS AVEN ST PETERSBURG FL 33703 ST PETERSBURG FL 33703						i			
							3. Date Incorporated or Qualified 11/20/1996	3a. Date of Last	Report
· ·	Place of Business	2a. Mailing	g Address			1	4. FEI Number	<u></u>	Applied For
21	<del></del>	26				2	1-3410792	~~	Not Applicable
Suite, Apt.		27	Apt. #, etc.				5. Certificate of Status Desired	Fee	Additional Required
City & Stat	le ·	City & <b>28</b>	State		<b></b>		6. Election Campaign Financing Trust Fund Contribution		May Be d to Fees
Zip	Country	Ζφ	]	Count	У		8. This corporation has liability for i		s. 199.032,
24	25	[29]		30				Yes No	
F014		of Current Registered A	gent	8	Name		10. Name and Address of New Re	gistered Agent	
EAST CANTED PAUL EVADA									
SUITE 1700						Addres 	ss (P.O. Box Number is Not Acceptab		
TAM	PA FL 33602			83	<b>'</b>				
				84				FL	p Code
I office or a	to the provisions of Section registered agent, or both, in imfamiliar with, and accep	n the State of Florida. Suc	h change was ai	uthorized h	ov the corr	corpor poratio	ration submits this statement for the p o's board of directors. I hereby accep	ourpose of changing of the appointment	j its registered as registered
SIGNATURE									
12.		registered agent and title if applical	.le: (NOIE	13.	yeat signature	required	when recataling)  ADDITIONS/CHANGES TO OFFICE	DATE SERS AND DIRECTI	OBS IN 12
TITLE	D	Identi / Ideo Cinco Cono	DELETE	1.1 7011		Ι	7100110(10)0111110201010111	Change	
NAME	HAMILTON, MICHAEL	8	_	1,2 NAME					
STREET ADDRESS	2032 MASSACHUSET	ts avenue ne		1.3 STREE	1 ADDRESS				
CITY-ST-ZIP	ST. PETERSBURG FL	33703		1.4 CHY-	\$1-7 2	)			]}
TITLE	D		DELETE	21 11111				Chang	e 🔲 Addition 🤇
NAME	MARTINEAU, CAREN			2.2 NAME		ļ			ļ
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CITY-ST-ZIP	ST PETERSBURG FL	33703		2 4 Cily	ST-ZIP				
TITLE			DEFETE	3 1 11711				☐ Chang	e 🔲 Addition
NAME				3.2 NAME					
STREET ADDRESS				3.3 STREE	1 ADORESS	)			
CITY-ST-ZIP			<b></b>	3.4 CITY	\$1-7IP	ļ	/		
TITLE			☐ DELETE	4.1 TITLE	}			∟ Changi	e [_] Addition
NAME				4. 2 NAM					
STREET ADDRESS				1	1 ADDRESS	ļ			Į.
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TITLE			L DELETE	5.1 111116				L Changi	e L Addition
NAME CAREET ACCRES				5.2 NAME	1.15500000				
STREET ADDRESS					I ADDRESS				l
CITY-ST-ZIP TITLE			DELETE	5.4 CITY - 6.1 TITLE	51-ZIP			Change	e Addition
			_ Diet if					L cuang	, C MODICION
NAME expert appropries				6.2 NAME	TADDRECC				\ \
STREET ADDRESS					I ADDRESS				
City-St-ZIP	hy corlify that the informati	on supplied with this filing	dose not qualify	6.4 CllY-		L	n Section 119 07(3)(i) Florida Statute	e I further cortify th	at the

I do necessary detains a mormation supplied with this iming does not quality for the exemption stated in Section 119,07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplymental annual report is true and accurate and that my signature shall have the same logal effect as if made under eath; that I am an officer or director of the corporation ordine deciver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if charged order an appears in Block 12 or Block 13 if charged order an appears.

813.527-8981