


FILE NOW: FILING FEE AFTER MAY 1ST IS \$500.00

FILED
Mar 30 1998 8:00am
Secretary of State

| | | |
|--|---|---|
| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # P97000000707 (4)

1. Corporation Name
SHOWS TO GO INC.

| | |
|--|--|
| Principal Place of Business 3615 WEST WATERS AVENUE, UNIT 239 TAMPA FL 33614-2783 | Mailing Address 3615 WEST WATERS AVENUE, UNIT 239 TAMPA FL 33614-2783 |
|--|--|



DO NOT WRITE IN THIS SPACE

| | | | | | |
|---|--|--|--|---|--|
| 2. Principal Place of Business 21 2014 Wishing Well Way Suite, Apt. #, etc. 22 | | 2a. Mailing Address 26 2014 Wishing Well Way Suite, Apt. #, etc. 27 | | 3. Date Incorporated or Qualified 01/03/1997 | |
| 23 Tampa, Florida City & State 24 33619-5658 Zip | | 28 Tampa, Florida City & State 29 33619-5658 Zip | | 4. FEI Number 59-3424484 Applied For <input type="checkbox"/> Not Applicable | |
| 25 Hillsborough Country | | 30 Hillsborough Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |

9. Name and Address of Current Registered Agent

AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

| |
|---|
| 81 Name Jonathan B. Douglas |
| 82 Street Address (P.O. Box Number is Not Acceptable) 2014 Wishing Well Way |
| 83 |
| 84 City Tampa |
| FL 85 Zip Code 33619-5658 |

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 **Jonathan B. Douglas** DATE **03-23-1998**

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

| | |
|--|--|
| TITLE PSTD | <input checked="" type="checkbox"/> DELETE |
| NAME WALKER, GEORGE ROBERT | |
| STREET ADDRESS 3615 WEST WATERS AVENUE, UNIT 239 | |
| CITY-ST-ZIP TAMPA FL 33614-2783 | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--|--|
| 1.1 TITLE PSTD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME Douglas, Jonathan Brady | |
| 1.3 STREET ADDRESS 2014 Wishing Well Way | |
| 1.4 CITY-ST-ZIP Tampa, Florida, 33619-5658 | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY-ST-ZIP | |

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.

SIGNATURE **Jonathan B. Douglas** DATE **03-23-1998**

CR2E034 (10/97)