

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

FILED

Apr 14 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 # P97000015064 (3)

1. Corporation Name
HOUSE OF JAZZ, INC.

Principal Place of Business
1655 PALM BEACH LAKES BLVD.
SUITE 810 TOWER C
WEST PALM BEACH FL 33401

Mailing Address
1655 PALM BEACH LAKES BLVD.
SUITE 810 TOWER C
WEST PALM BEACH FL 33401



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 218 N. 2ND STREET Suite, Apt. #, etc. 22 City & State 23 FT. PIERCE, FL Zip Country 24 34950 25 U.S.A.		2a. Mailing Address 26 149 N.E. CAPRONA AVE Suite, Apt. #, etc. 27 City & State 28 PT. ST. LUCIE, FL Zip Country 29 34983 30 U.S.A.		3. Date Incorporated or Qualified 02/13/1997 4. FEI Number 65-0737127 Applied For Not Applicable 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No
--	--	---	--	---

9. Name and Address of Current Registered Agent JAMES, KATHA 1655 PALM BEACH LAKES BLVD. #810 SUITE 810 TOWER C WEST PALM BEACH FL 33401.	10. Name and Address of New Registered Agent 81 Name KAREN HANAWALT 82 Street Address (P.O. Box Number is Not Acceptable) 149 N.E. CAPRONA AVENUE 83 84 City PT. ST. LUCIE, FL 85 Zip Code 34983
---	---

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 *Karen Hanawalt* 4/6/98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEE, LARRY JR	1.2 NAME	
STREET ADDRESS	2209 SOUTH 25TH STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	FORT PIERCE FL 34947	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CREBASSA, MARY A	2.2 NAME	MARY A. CREBASSA
STREET ADDRESS	800 VIRGINIA AVENUE #11	2.3 STREET ADDRESS	7603 PALOMAR ST.
CITY-ST-ZIP	FORT PIERCE FL 34982	2.4 CITY-ST-ZIP	FT. PIERCE, FL 34951
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	THOMAS BEY, BARRYL R	3.2 NAME	STIX NICKSON
STREET ADDRESS	1767 WEST ROYAL TERN LANE	3.3 STREET ADDRESS	271 N.E. FARING AVE.
CITY-ST-ZIP	FORT PIERCE FL 34982	3.4 CITY-ST-ZIP	PORT ST. LUCIE, FL 34983
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HANAWALT, SCOTT	4.2 NAME	MICHAEL JAMES
STREET ADDRESS	149 N.E. CAPRONA AVENUE	4.3 STREET ADDRESS	2637 S.E. CLARETON TERRACE
CITY-ST-ZIP	PORT ST. LUCIE FL 34983	4.4 CITY-ST-ZIP	PT. ST. LUCIE, FL 34952
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAYO, BETTYE-JO W	5.2 NAME	
STREET ADDRESS	894 S.E. SOLAZ AVENUE	5.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ST. LUCIE FL 34983	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANAWALT, KAREN	6.2 NAME	
STREET ADDRESS	149 N.E. CAPRONA AVENUE	6.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ST. LUCIE FL 34983	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: *Bettye Jo Mayo* 4/6/98 561-465-2007

CR2E034 (10/97)