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

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PROFIT
CORPORATION
ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 MAR 23 PM 2:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P97000027377**

1. Corporation Name
WEST PALM ENTERTAINMENT, INC.

Principal Place of Business
401 E. SEMORAN BLVD.
CASSELBERRY FL 32707

Mailing Address
750 N. MAITLAND AVENUE
MAITLAND FL 32751
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip 24 Country 25

2a. Mailing Address
26 200 North Thornton Ave Suite, Apt. #, etc.
27 City & State
28 Orlando, Florida
29 Zip 32801 30 Country

3. Date Incorporated or Qualified
03/26/1997

4. FEI Number
59-3448611
[ ] Applied For
[ ] Not Applicable

5. Certificate of Status Desired [ ] $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [ ] $5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax [X] Yes [ ] No

9. Name and Address of Current Registered Agent
SMITH, RANDALL C. ESQ
750 N. MAITLAND AVENUE
MAITLAND FL 32751

10. Name and Address of New Registered Agent
81 Name: Randall C. Smith, Esq
82 Street Address (P.O. Box Number is Not Acceptable): 200 North Thornton Avenue
83
84 City: Orlando FL 85 Zip Code: 32801

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: [signature] 2/25/99
Signature (typed or printed) name of registered agent and title, if applicable — NOTE: Registered Agent must sign here — DATE

12. OFFICERS AND DIRECTORS

TITLE	D	[ ] DELETE
NAME	VEIGLE, JAMES	
STREET ADDRESS	401 E. SEMORAN BLVD.	
CITY-ST-ZIP	CASSELBERRY FL 32707	
TITLE	D	[ ] DELETE
NAME	VEIGLE, CHARLES	
STREET ADDRESS	401 E. SEMORAN BLVD.	
CITY-ST-ZIP	CASSELBERRY FL 32707	
TITLE	S	[ ] DELETE
NAME	VOEGTLIN, NANCY	
STREET ADDRESS	401 E. SEMORAN BLVD	
CITY-ST-ZIP	CASSELBERRY FL 32707	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE [ ] Change [ ] Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

900002823929--2
-03/30/99--01066--023
****150.00 ****150.00

21 TITLE [ ] Change [ ] Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE [ ] Change [ ] Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE [ ] Change [ ] Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE [ ] Change [ ] Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE [ ] Change [ ] Addition
62 NAME
63 STREET ADDRESS
64 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, with all other like empowered.

SIGNATURE: Nancy Voegtlin Nancy Voegtlin, Sec. 2/26/99 (407) 767-2977
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME PHONE

CR2E034 (11/98)