

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000053222 (0)

1. Corporation Name
TKR ENTERTAINMENT, INC.

Principal Place of Business

2063 ACKOLA POINT
LONGWOOD FL 32779

Mailing Address

2063 ACKOLA POINT
LONGWOOD FL 32779

FILED
Mar 12 1998 8:00am
Secretary of State



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 2063 Ackola Point		26 - same -		06/09/1997	
22 Longwood, FL		27		4. FEI Number	
23 32779		28		Applied For	
24		25 USA		Not Applicable	
29		30		5. Certificate of Status Desired	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		8.75 Additional Fee Required	
ROBERTSON, KAREN K		81 Name		6. Election Campaign Financing	
2063 ACKOLA POINT		82 Street Address (P.O. Box Number is Not Acceptable)		Trust Fund Contribution	
LONGWOOD FL 32779		83		85.00 May Be Added to Fees	
		84 City		8. This corporation owes or has paid the current year Intangible	
		FL		Personal Property Tax due June 30.	
		85 Zip Code		Yes No	

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 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	
NAME	ROBERTSON, KAREN K	1.2 NAME	
STREET ADDRESS	2063 ACKOLA POINT	1.3 STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD FL 32779	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	
NAME	ROBERTSON, JOHN W	2.2 NAME	
STREET ADDRESS	2063 ACKOLA POINT	2.3 STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD FL 32779	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:

John W. Robertson

John W. Robertson

11/3/98

407 333 2132

CR2E034 (10/97)