

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

**FILED**  
**Apr 14, 1999 8:00 am**  
**Secretary of State**

04-14-1999 90067 030 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000071093**

1. Corporation Name

**ALL AROUND TOWN EVENTS, INC.**

Principal Place of Business

Mailing Address

**2700 S. UNIVERSITY DR  
SUITE 1A  
DAVIE FL 33328**

**2700 S UNIVERSITY DR  
SUITE 1A  
DAVIE FL 33328**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**8/15/97**

2. Principal Place of Business

2a. Mailing Address

**1000 COLONY POINT DRIVE**

**1689 NORTH HATFUS RD**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**401**

**201**

City & State

City & State

**PEMBROKE PINES FL**

**PEMBROKE PINES, FL**

Zip

Country

Zip

Country

**33026**

**BROWARD**

**33026**

**BROWARD**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DONALD W. CRANE  
2700 S. UNIVERSITY DRIVE # 1A  
DAVIE FL 33328**

81 Name

**DONALD W CRANE**

82 Street Address (P.O. Box Number is Not Acceptable)

**1000 COLONY POINT DRIVE #401**

83

84 City

**PEMBROKE PINES**

FL

85 Zip Code

**33026**

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 

**DONALD W. CRANE**

**4-6-99**

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 **PD** ☐ DELETE  
NAME **CRANE, DONALD W.**  
STREET ADDRESS **2700 S UNIVERSITY DR. 1A**  
CITY-ST-ZIP **DAVIE FL 33328**

1.1 TITLE **PD** ☒ Change ☐ Addition  
1.2 NAME **CRANE, DONALD W.**  
1.3 STREET ADDRESS **1000 COLONY POINT DR. #401**  
1.4 CITY-ST-ZIP **PEMBROKE PINES, FL 33026**

TITLE **VD** ☐ DELETE  
NAME **CRANE, ELIZABETH**  
STREET ADDRESS **2700 S UNIVERSITY DR 1A**  
CITY-ST-ZIP **DAVIE FL 33328**

2.1 TITLE **VD** ☒ Change ☐ Addition  
2.2 NAME **CRANE, ELIZABETH**  
2.3 STREET ADDRESS **1000 COLONY POINT DR #401**  
2.4 CITY-ST-ZIP **PEMBROKE PINES FL 33026**

TITLE **STD** ☐ DELETE  
NAME **CRANE, WILLIAM D**  
STREET ADDRESS **2700 S UNIVERSITY DR 1A**  
CITY-ST-ZIP **DAVIE FL 33328**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**DONALD W. CRANE**

**4-6-99**

Date

Daytime Phone #

CR2E034 (10/97)