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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State 🕙 🦠

1998

DIVISION OF CORPORATIONS

POCUMENT # P97000082218 (3)

Principal Place of Business	Mailing Address			
16105 N.E. 18TH AVE.	16105 N.E. 18TH AVE.			
NORTH MIAMI BEACH FL 33162	NORTH MIAMI BEACH FL 33162			
2. Principal Place of Business	2a. Mailing Address			
I Interpet rided of Controls	Walling Flooreds			

Jun 01 1998 8:00am Secretary of State

ENCOR	E THEATRE TICKETS OF I	FLA., INC.		110111001110	The car

Principal Place	of Business	Mailing Address	· · · · · · · · · · · · · · · · · · ·	- IIIIII Bargarani turi marana mara	HILL CONTRACTOR OF THE SECOND CONTRACTOR OF TH
16105 N.E. 18TH AVE. NORTH MIAMI BEACH FL 33162 16105 N.E. 18TH AVE. NORTH MIAMI BEACH FL 33162 NORTH MIAMI BEACH FL 33162			93162	DO NOT WRITE IN	THIS SPACE
li				3. Date Incorporated or Qualified	
				09/22/1997	
	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21	H _1_	26		650782426	Not Applicable
Suite, Apt.	R, GIC.	Suite, Apt. #, etc.		5. Certificate of Status Desired	38.75 Additional Fee Required
City & State		City & State	····	e Floring Consider Floring	
23	•	[28]		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid to	
24	25	29	30	Personal Property Tax due June 30	
	9. Name and Address of Curre			10. Name and Address of New Regis	tered Agent
RO	NES, VICTOR K		81 Name		
	05 N.E. 18TH AVE.		82 Street Add	Iress (P.O. Box Number is Not Acceptable)	
	RTH MIAMI BEACH FL 33162		0110017100		
			83		
			84 City		85 Zip Code
					FL 20 Code
SIGNATURE	egistered agent, or both, in the State in familiar with, and accept the oblig Signature, typed or printed name of registered ag		thorized by the corporalida Statutes. Registored Agent signature requ	poration submits this statement for the purp tion's board of directors. I hereby accept the	ne appointmont as registered
12,		ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICER	
TITLE	0	DELETE	1.1 TOTLE		Change Addition
NAME	YUENGER, JAMES		1.2 NAME		
STREET ADDRESS	16105 N.E. 18TH AVE.		1.3 STREET ADDRESS	1	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33	162	1.4 CITY-ST-ZIP	•	
TITLE		DELETE	2.1 TITLE		Change Addition
NAME	· .	•	2.2 NAME		
STREET ADDRESS		•	2.3 STREET ADDRESS		
CITY-ST-ZIP			2. 4 CITY - ST - ZIP		
TITLE		DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS		•	3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY+ST-ZIP		
TITLE		DELETE	5.1 TITLE	<u> </u>	Change Addition
. NAME			5.2 NAME	600002542 -06/01/3801102-	1-010 -040
STREET ADDRESS			5.3 STREET ADDRESS	***150.00	いてい
CITY-ST-ZIP		T Deceme	5.4 CITY-ST-ZIP	7 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	I Alexandra Paradonia
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		1 1/2
STREET ADDRESS			6.3 STREET ADDRESS		(a.h
CITY-ST-ZIP			6.4 CITY-ST-ZIP	n Section 119 07/3Vi). Florida Statutos 1 fu	

remove comy that the information supplies will this little information and on this annual report or supplies will this information indicated on this annual report or supplies annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that 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 change my on an attachment with an address.

4 20 00