Mar 29, 1999 8:00 am Secretary of State

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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000099288

1. Corporation Name

Principal Place of Business Mailing Address 1419 ALAMANDA DRIVE HALLANDALE FL 33009 DO NOT WRITE IN THIS SPACE	ENTERT	AINMENT GROUP OF SOU	ITH FLORIDA CORP.					
HALLANDALE FL 30009 HALLANDALE FL 30009 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/19/1997 4. FEI Number 65-0801993 Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Country 8. This corporation owes the current year Intangible Personal Property Tax. Personal Property Tax. No New Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525 B4 City FL 85 Zip Code 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 of 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 office or registered agent, or both, in the State of Florida. Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered office or registered agent, or both, in the State of Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered office or registered agent, or both, in the State of Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered office or registered agent, or both, in the State of Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered office or registered agent, or both, in t	Principal Place of Business Mailing Address					-	7151 00 51 0 10110 13 (1 6 1106)	. 10101 (811 (881
2. Principal Place of Business						DO NOT WRITE I	IN THIS SPACE	
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City & State	Suite, Apt.	#, etc.				5. Certifcate of Status Desired	1	
Zip	- City & Stat	e ** - · · · · · · · · · · · · · · · · ·	⊢ , ′		% - -	1 **	7	
9. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525 83 84 City FL 85 Zip Code 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 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, are twith, and accept the obligations of, Sections 607.0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent are title if applicable. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE NAME ZENOBIA, MARK 12. NAME 13. STREET ADDRESS CITY-ST-ZIP DELETE 1.1 ITTLE DELETE LITTLE DELETE LITTLE Change Additional Cha	Zip	Country Zip Count				8. This corporation owes the current	year Intangible	
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5.2 NAME

☐ DELETE

DELETE

3.4. CITY-ST-ZIP

4.3 STREET ADDRESS

5.3 STREET ADDRESS

4.4 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, with all other like empowered.

SIGNATURE:

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

Change

☐ Change

Addition

☐ Addition