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

PROFIT **CORPORATION** ANNUAL REPORT

1998



Secretary of State DIVISION OF CORPORATIONS

	MENT # P9700 OUT EVENTS, INC.	0103141 (2)			
Principal Place	e of Business	Mailing Address		- i satisati int ibiti ibiti atsii a	i cemen marmit echili itani arabi elik idal
741 S.W. 12TH AVENUE FT. LAUDERDALE FL 33312		741 S.W. 12TH AVENUE FT. LAUDERDALE FL 33312			
				DO NOT WRITE IN	N THIS SPACE
L				3. Date Incorporated or Qualified 12/05/1997	
_	lace of Business	2a. Mailing Address		4, FEI Number	Applied For
Suite, Apl.	# alo	Suite, Apt #, etc.		nz-0808903	Not Applicable \$8.75 Additional
22	#, BIC.	27		5. Certificate of Status Desired	Fee Regulred
City & State	е	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28			Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid	
24	25	29	30	Personal Property Tax due June 30	0. 🔽 Yes 🔲 No
	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New Regis	stered Agent
MARCONI, ROBERT M C.P.A.			81 Name C	AROL L. SPICER	
13320 S.W. 128TH STREET			62 Street Add	ress (P.O. Box Number is Not Acceptable)
MIAMI FL 33188			1842	NW. 12 Steel	
			63		İ
			84 City	Na - CA - A - A - A - A - A - A - A - A -	85 Zin Code
11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statutes			L'	HEGATE	FL 33013
office or re	egistered agent, or both, in the State m lamiliar with, and accept the oblig	e of Florida. Such change was au	uthorized by the corpora	tion's board of directors. I hereby accept	the appointment as registered
_				4	(1/2/28
SIGNATURE	(B) (C) (S)	ICU CAROL	L. SPICER	·	4/9/98
SIGNATURE	Signature, typed or printed name or registered rig-	ICW CAROL ON BENEFIT BENEFIT OF THE SECOND S	Registered Agent signature requi	red when reinstating)	DATE DIRECTORS IN 12
SIGNATURE	Signature, typed or printed name or registered rig-	ICU CAROL	L. SPICER	·	DAE RS AND DIRECTORS IN 12 Change Addition
SIGNATURE	Signature, typed or printed name of registered ago OFFICERS AN	NCCC CAROL ent and title if applicable (NOTE) ID DIRECTORS	Registered Agent signature requi	red when reinstating)	
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registereding OFFICERS AN	NCCC CAROL ent and title if applicable (NOTE) ID DIRECTORS	Registered Agent eignature requirements 13. 1.1 TITLE 1.2 NAME	red when reinstating)	
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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:

WHO STORMED TO S

FILED

May 07 1998 8:00am

Secretary of State