## 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 # P98000016539

PREMIUM TICKETS INC.

## FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90046 008 \*\*\*150.00



Principal Place of Business Mailing Address						99  93  (10  6:0  (3)	(1 <b>88</b> 111 <b>88</b> 111 <b>88</b> 111 <b>8819</b> 1 11	#18 BI36) #310# \$	iiis isii issi
74400 0.01 1.01 1.11 1.11		16805 U.S. HIGHWAY 19 NORTH CLEARWATER FL 34624							
				-	DO NOT WRITE IN THIS SPACE				
			• **		3	. Date Incorporated or C	Qualifed		
						02/19/1998	· 		
2. Principal P	Place of Business	2a. Mailing Address				, FEI Number	54.50	_ <del> ``</del>	lied For
21 1608		26 16088 US	HWI	P1 4	<u> </u>	<u> 59 - 349</u>	<u> 5407</u>		Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		'	5	i, Certifcate of Status De	esired 🗌	<b>\$8.75</b> A	I .
22 City & Stat	•	City & State				. Election Campaign Fir	nancing	\$5.00	<u>'</u>
23 CLEARWATER FL 28 CLEARWATE			R FL		( )	Trust Fund Contribution	- 11	Added to	
Zip	Country	Zip	Count	try	- 8	. This corporation owes	the current year Inta	ıngible	
24 337	164 25 USA	29 33764 3	0	USA		Personal Property Tax	<b>.</b>	☐ Yes ☐	<b>∄</b> No
<u> </u>	9. Name and Address of Current I	Registered Agent				). Name and Address o	of New Registered A	.gent	
DEO	EDIO 2418D		8	31 Name	!				1
DESERIO, DAVID				Street	Address (	P.O. Box Number is Not	Acceptable)	-	
16805 U.S. HIGHWAY 19 NORTH CLEARWATER FL 34624			83			<del></del>	·		
OLE	ARMAILN I C 34024		ľ						
			8	34 City			FL	85 Zip C	ode
11 Pursuant	to the provisions of Sections 607.0502	and 607.1508. Florida Statutes	the abo	ve-name	corporation	on submits this statemer	of for the purpose of	thanging its i	registered
office or a	to the provisions of Sections 607,0502 a registered agent, or both, in the State of am familiar with, and accept the obligatio	Florida. Such change was aut	nonzea c	by the corp	oration's b	poard of directors. I here	by accept the appoir	itment as reg	istered
	im lamiliar with, and accept the obligation	ilis ot, section dor.osos, i tone	a Olaton	<b>.</b>					
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE: R	legistered Aç	gent signature	required when		DATE		
12.	OFFICERS AND		13.			ADDITIONS/CHANGES	S TO OFFICERS AN		RS IN 12  S Addition
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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.

6.4 CITY-ST-ZIP

SIGNATURE: