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 # P98000016947

1. Corporation Name

ALL ABOUT TICKETS, INC.

Principal	Place of	Business					

Mailing Address

1505 SOUTHEAST 40TH STREET CAPE CORAL FL 33904

1505 SOUTHEAST 40TH STREET CAPE CORAL FL 33904

FILED Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90180 032 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

				02/23/1998		
2. Principal Pl	ace of Business	2a. Mailing Address		4. F5l Number	Applied For	
21		26	_	65-04/6895	Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional	
22		27		S. Collingia of Citation Scotton	Fee Required	
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
23		28		Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Country	8. This corporation owes the current year I		
24	25	29	30	Personal Property Tax.	☐ Yes ☐ No	
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent						
***	DH AMAZED		81 Name	Wair O-Associates	, lac.	
	RILAWYER	•	82 Street Add	dress (P.O. Box Number is Not Acceptable)		
	ALMERIA AVENUE		160	5 SE 40th Street	e/f	
COR	AL GABLES FL 33134		83 <	40		
			84 City_	<u> </u>	85 Zip Code	
			Can	e Corel F	L 33704	
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida State	utes, the above-named cor	poration submits this statement for the purpose	of changing its registered	
office or re	egistered agent, or both, in the State of m familiar with, and accept the obligation	Florida Such change was	authorized by the corporat	ion's board of directors. I hereby accept the app	omment as registered	
	- / \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	lice.	Pres	page 23	-99	
SIGNATURE	Signature, typed or printed name of registered agent a		TE: Registered Agent signature requir			
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS A		
TITLE	PSTD	☐ DELETE	1.1 TITLE		☐ Change — Addition	
NAME	LA ROCCO, ROBERT J		1.2 NAME	silvona La Rocco	1 - 1	
STREET ADDRESS	1505 SOUTHEAST 40TH STREET	Т	1.3 STREET ADDRESS 15	505 SE 40th Str	201, Ste C.	
CITY-ST-ZIP	CAPE CORAL FL 33904		1.4 CITY-ST-ZIP	che Coral FL.	33904	
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	, , a 7 a se	☐ DELETE	3.1 TITLE -		Change Addition	
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS		}	
			3.4. CITY-ST-ZIP			
CITY-ST-ZIP	<u> </u>	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition	
			4. 2 NAME			
NAME	•		4.3 STREET ADDRESS			
STREET ADDRESS					}	
CITY-ST-ZIP		DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		☐ Change ☐ Addition	
TITLE	!		5.2 NAME			
NAME .		•	5.3 STREET ADDRESS			
STREET ADDRESS			5.4 City-St-ZIP			
CITY-ST-ZIP			6.1 TITLE		Change Addition	
TITLE		, DETE IF	6.2 NAME			
NAME						
STREET ADDRESS			6.3 STREET ADDRESS		ĺ	
CITY-ST-ZIP			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, with all other like empowered.