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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000056156

. Corporation Name

Principal Place of Business

EVENTS UNLIMITED OF TAMPA BAY, INC.

| 2413 JETTON AVE TAMPA FL 33629 | | 2413 JETTON AVE TAMPA FL 33629 | | • | | | | |
|--|--|---|----------------|--|--|----------------|------------------|--|
| | | IMMPA PL 33025 | | | DO NOT WRITE IN THIS SPACE | | | |
| | | | | | 3. Date Incorporated or Qualifed 07/01/1998 | | | |
| 2. Principal P | lace of Business | 2a. Mailing Address | | | 4. FEI Number | | Applied For | |
| 21 | | 26 | | 59-3518477 Not Applie | | Not Applicable | | |
| Suite, Apt. #, etc. 22 City & State | | Suite, Apt. #, etc. | | | 5. Certifcate of Status Desired 5. Certifcate of Status Desired 6. Election Campaign Financing Trust Fund Contribution 5.00 May Be Added to Fees | | | |
| | | City & State | | | | | | |
| Zip | Country 25 | Zip Country 29 30 | | | 8. This corporation owes the current year Intangible Personal Property Tax. Yes No | | | |
| 24 25 29 30 30 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | | |
| | 3. Name and Address of Come | in Nogistalea Agent | 81 | Name | | | | |
| CHAPMAN, STEPHANIE 2413 JETTON AVE | | | 82 | | et Address (P.O. Box Number is Not Acceptable) | | | |
| | PA FL 33629 | | 83 | <u> </u> | | | | |
| | | | 84 | City | FI | 85 2 | Zip Code | |
| | | | | | poration submits this statement for the purpose of | | | |
| SIGNATURE | Signature, typed in printed name of registered age | h - Kayner ent and title if applicable. (NOTE: R | egistered Ager | | ed when reinstating) DATE | UD DIDE | | |
| 12. | | ND DIRECTORS | 13. | | ADDITIONS/CHANGES TO OFFICERS A | Chan | | |
| TITLE | PSTD | ☐ DELÉTE | 1.1 TITLE | | | L) Glian | ige [_] Addition | |
| NAME | CHAPMAN, STEPHANIE | | 1.2 NAME | | | | ı | |
| STREET ADDRESS | | | | REET ADDRESS | | | | |
| CITY-ST-ZIP | TAMPA FL 33629 | | 1.4 CITY-\$ | T-ZiP | | Chan | nge | |
| TITLE | | ☐ DELETE | 2.1 TITLE | | | L] Crian | ige LI Addition | |
| NAME | | | 2.2 NAME | | | | | |
| STREET ADDRESS | } | | 2.3 STREET | TADDRESS | | | 1 | |
| CITY-ST-ZIP | | | 2.4 CITY-5 | ST-ZIP | | | - Daddition | |
| TITLE | | ☐ DELETE | 3.1 TITLE | | | Chan | nge | |
| NAME | | | 3.2 NAME | | | | | |
| STREET ADDRESS | | | 3.3 STREE | TADDRESS . | | | į | |
| CITY-ST-ZIP | | | 3.4. CITY-5 | ST-ZIP | | | | |
| TITLE | | ☐ DELETE | 4.1 TITLE | | | Char | nge 🗌 Addition | |
| NAME | , | | 4. 2 NAME | | | | | |
| STREET ADDRESS | | | 4.3 STREE | T ADDRESS | | | | |
| CITY-ST-ZIP | | | 4.4 CITY-S | T-ZiP | | P** | | |
| TITLE | l , , , | ☐ DELETE | 5.1 TITLE | ļ | | [] Chan | nge 🗌 Addition | |
| NAME | | | 5.2 NAME | | | | ļ | |
| STREET ADDRESS | | | | TADORESS | | | | |
| CITY-ST-ZIP | | | 5.4 CITY-S | T-ZIP | | | | |
| TITLE | | ☐ DELETE | 6.1 TITLE | | | Char | nge 🗌 Addition | |
| NAME | ļ | * | 6.2 NAME | | · | | | |
| STREET ANDRESS | 1 | | 6.3 STREE | TADDRESS | | | | |

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 pn an attachment with an address, with all other like empowered.

6.4 CITY+ST-ZIP

SIGNATURE:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/99 813-259-0215 Date Dayline Phone #

FILED Apr 13, 1999 8:00 am Secretary of State

04-13-1999 90066 025 ***150.00