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Jun 09, 1999 8:00 am
Secretary of State

06-09-1999 90008 001 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P98000077379

1. Corporation Name
SOUTHERN NIGHTS ENTERTAINMENT CORPORATION

Principal Place of Business: 13254 HEATHER RIDGE LOOP FT. MYERS FL 33912
 Mailing Address: 13254 HEATHER RIDGE LOOP FT. MYERS FL 33912



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/08/1998
 4. FEI Number: 59-3538055
 5. Certificate of Status Desired: \$8.75 Additional Fee Required
 6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
 8. This corporation owes the current year Intangible Personal Property Tax: Yes No

2. Principal Place of Business: 1400 Gulfshore Blvd., N. Suite 208A, Naples FL 34102
 2a. Mailing Address: Suite, Apt. #, etc. (blank)
 23. City & State: Naples FL
 24. Zip: 34102 Country: Collier

9. Name and Address of Current Registered Agent
 PALMER, DON
 13254 HEATHER RIDGE LOOP
 FT. MYERS FL 33912

10. Name and Address of New Registered Agent
 81 Name: BRENDA PALMER
 82 Street Address: 13254 HEATHER RIDGE LOOP
 84 City: FT. MYERS FL 85 Zip Code: 33912

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 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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.
 SIGNATURE: Brenda Palmer (Signature), BRENDA PALMER (Printed Name), DATE: 5/31/99

12. OFFICERS AND DIRECTORS	
TITLE: STD	<input type="checkbox"/> DELETE
NAME: PALMER, BRENDA S	
STREET ADDRESS: 13254 HEATHER RIDGE LOOP	
CITY-ST-ZIP: FT. MYERS FL 33912	
TITLE: PD	<input type="checkbox"/> DELETE
NAME: PALMER, DON	
STREET ADDRESS: 13254 HEATHER RIDGE LOOP	
CITY-ST-ZIP: FT. MYERS FL 33912	
TITLE: D	<input type="checkbox"/> DELETE
NAME: PALMER, REX D JR.	
STREET ADDRESS: 1717 AZURE WAY	
CITY-ST-ZIP: MURFREESBORO TN 37128	
TITLE: D	<input checked="" type="checkbox"/> DELETE
NAME: LIEVENSE, CARL	
STREET ADDRESS: 1400 GULF SHORE BLVD. N., SUITE 208	
CITY-ST-ZIP: NAPLES FL 34102	
TITLE: (blank)	<input type="checkbox"/> DELETE
NAME: (blank)	
STREET ADDRESS: (blank)	
CITY-ST-ZIP: (blank)	
TITLE: (blank)	<input type="checkbox"/> DELETE
NAME: (blank)	
STREET ADDRESS: (blank)	
CITY-ST-ZIP: (blank)	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	2502B JERRY JAMES DRIVE 14C
2.4 CITY-ST-ZIP	VALDOSTA GA 31602
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	DIRECTOR DON MEINKE
4.3 STREET ADDRESS	259 MANSFIELD AVENUE
4.4 CITY-ST-ZIP	DARLEN CT
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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.

SIGNATURE: [Signature] DON PALMER 6/1/99 (912)242-4758
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/1/98)