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XL756

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Feb 27 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S00178

(1)

1. Corporation Name

COUNTRYSIDE FAN CLUB, INC.



Principal Place of Business

27001 US 19 NORTH
SPACE #2026
CLEARWATER FL 34621
US

Mailing Address

ATTN: TAX DEPARTMENT
7880 BENT BRANCH DRIVE, SUITE 100
IRVING TX 75063-6046

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

09/17/1990

3a. Date of Last Report

02/21/1996

4. FEI Number

04-3105274

Applied For

Not Applicable

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature of the registered agent or the registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	PARKS, RALPH T.	
STREET ADDRESS	3940 PIPESTONE ROAD	
CITY- ST- ZIP	DALLAS TX	
TITLE	VPT	<input checked="" type="checkbox"/> DELETE
NAME	ROACH, DONALD V.	
STREET ADDRESS	3940 PIPESTONE ROAD	
CITY- ST- ZIP	DALLAS TX	
TITLE	S	<input type="checkbox"/> DELETE
NAME	MAYER, MARK W	
STREET ADDRESS	3940 PIPESTONE RD	
CITY- ST- ZIP	DALLAS TX	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	PARKS, RALPH T	
STREET ADDRESS	3940 PIPESTONE RD	
CITY- ST- ZIP	DALLAS TX	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BRENNAN, MICHAEL R	
STREET ADDRESS	1 THEALL ROAD	
CITY- ST- ZIP	RYE NY	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	ALBERT, CHARLES M	
STREET ADDRESS	3940 PIPESTONE RD	
CITY- ST- ZIP	DALLAS TX	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS	7880 BENT BRANCH DR. #100	
1.4 CITY- ST- ZIP	IRVING, TX 75063	
2.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	HOMER L. GREER	
2.3 STREET ADDRESS	7880 BENT BRANCH DR. #100	
2.4 CITY- ST- ZIP	IRVING, TX 75063	
3.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS	7880 BENT BRANCH DR. #100	
3.4 CITY- ST- ZIP	IRVING, TX 75063	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY- ST- ZIP		
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	VP/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS	7880 BENT BRANCH DR. #100	
6.4 CITY- ST- ZIP	IRVING, TX 75063	

14. I do 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 or is changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARK W. MAYER

2-18-97

972-501-5000

Date

Daytime Phone #

CR2E034 (9/96)