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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DO(1. Corp

FILED Feb 21 1997 8:00am Secretary of State

Corporation Name	# 588529	(U)
MAGIC KALAOKE	HOUSE, INC.	

Principal Place of Business	Mailing Address							
3611 W HILLSBOROUGH AVE SPACE 218 TAMPA FL 33614	3611 W HILLSBOROUGH / SPACE 218 TAMPA FL 33614-5757	AVE				•		
					3. Date Incorporated or Qualified 10/21/1991	3a. Date of Last R 02/07/1996	lepori	
2. Principal Place of Business	2a. Mailing Address				4. FEI Number	Ar	plied For	
21	26				59-3092187	No	ot Applicable	
Suite, Apt. #, etc	Suite, Apt. #, etc.			,	5. Certificate of Status Desired		Additional	
22 CA 8 State	City & State					equired		
City & State	City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
Zip Country	 28 	Cou	intry					
24 25	29	30			8. This corporation has liability for i	Yes No	. 199.032,	
9. Name and Address of Current R		[30]	T		10. Name and Address of New Re			
WU, YOLANDA		······································	81	Name		Пану, ин ану рина — "Дентина — — — — — — — —	***************************************	
3611 W HILLSBOROUGH AVE			82	Stroot Addro	ss (P.O. Box Number is Not Acceptab	la\		
SPACE 218			02	Shear Works	ss (F.O. box Number is Not Acceptab	ie)		
TAMPA FL 33614			83	***************************************				
			84	City		85 Zip	Code	
44 D	-4 007 1500 Florida Otal	don the p			and an automatic this statement for the	FL S Z P	lo realistand	
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, typood or pointed name of registered agent a	nd title if applicable (NO	TE: Registere	d Agen	t signature required	i when reinstating)	DATE		
12. OFFICERS AND D		13.			ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTOR	RS IN 12	
TITLE D	DELETE	1.1 7(TLE			Change	Addition	
NAME WU, YOLANDA		1.2 N	AME					
STREET ADDRESS 3309 CHEVIOT DR		1.3 \$	TREET A	ADDRESS				
CITY-ST-ZIP TAMPA FL		1.4 C	ITY - ST	- ZIP				
TITLE	☐ DELETE	2.1 Tr	TLE			☐ Change	Addition	
NAME		2.2 N	AME					
STREET ADDRESS		2.3 S	TREET A	ADDRESS				
CITY-ST-ZIP			ITY - SI	r-ZIP				
TITLE	☐ DELETE	3.1 TI	ITLE .			Change	Addition	
NAME		3.2 N	AME					
STREET ADORESS				ADDRESS				
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TITLE	DELETE	4.1 T				Change	Addition	
NAME		4. 2 N			•			
STREET ADDRESS				ADDRESS				
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TITLE	☐ DELETE	5.1 1				Change	T VODITION	
NAME.		5.2 N						
STHEET ADORESS				ADDRESS				
City-St-2iP	DELETE		ITY - ST	· ZIP		☐ Change	Addition	
TITLE		6.1 19				∟ criange	LT MODITION	
NAME		6.2 N					1	
STREET ADDRESS				ADDRESS				
City-St-ZiP 14. I do hereby certify that the information supplied w	with this filing does not avel		ITY-ST		n Section 119 07/3\/i\ Florida Statuto	s I further certify that	the	

Tarian 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 it changed, or on an attachment with an address.