## 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

## **DOCUMENT # \$97992**

7992

(9)

SHOWS REPORTING SERVICE, INC.  Principal Place of Business Mailing Address 5179 60TH WAY, NORTH KENNETH CITY FL 33709  Mailing Address 5179 60TH WAY, NORTH KENNETH CITY FL 33709-3546				<del></del>			
•					3. Date Incorporated or Qualified 12/05/1991	3a. Date of Last F	Report
2. Principal Place of Business		2a. Mailing Address		4. FEI Number			
21		26		59-3099595	h	ot Applicable	
Su te, Apt. #. etc. 22		Suite Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & Sta	te	City & State		6. Election Campaign Financing \$5.00 May Be			
23		28		Trust Fund Contribution		to Fees	
Zφ	Country	Zip	Count	У	8. This corporation has liability for		3. 199.032,
24	25	29	30			Yes No	
	9. Name and Address of Curren	t negistered Agent	8	1 Name	10. Name and Address of New Re	distated Agent	
	BBER, CHARLES E. JR. 9 60TH WAY N.						
	INETH FL 33709		8:	2 Street Ad	ddress (P.O. Box Number is Not Acceptat	ole)	
NEN	METH PL 33709		8:	3			
			8	4 City		FL 85 Zip	Code
SIGNATURE	Stgoulare, lyant or proted name of registered ago OFFICERS AND	ril and title if applicable (NO DIDIRECTORS	DTE Registered A	gent signature re	oration's board of directors. I hereby accelling accelling the state of the state o	DATE CERS AND DIRECTO	RS IN 12
TRUE	PS WEBBER, PATRICIA SHOWS	DELETE 1.1 T				☐ Change	L_] Addition
NAME	F470 00711 14/4V 61		1.2 NAME	1			
STREET ADDRESS	MEANIFER OFFI FI			ET ADDRESS			
CITY-ST ZIP TITE	V	DELETE	1.4 CITY- 2.1 TITLE			Change	Addition
NAME	WEBBER JR, CHARLES E	<b>4</b>	2.2 NAMI	1			
STREET ADDRESS	PATO ANTICIALAY N			ET ADDRESS			
City St. zip	KENNETH CITY FL		2. 4 CiTY				
Talle			3.1 TITLE			☐ Change	Addition
NAM:			3.2 NAM				
STREET ADDRESS			3.3 STRE	ET ADORESS			
CHY ST-ZIP			3.4. CITY	- ST - ZIP			
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CITY ST ZF		T DELET	4.4 CITY				14400
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STREET ADORESS			1	ET ADDRESS			
ameri ADMEDA			0.3 5 IRE	LI NUUTESS			

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 this 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 changing or on an attachment with an address.

**FILED** 

Apr 02 1997 8:00am

Secretary of State