SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.

AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

COR ANNU DOCUN	PROFIT PORATION JAL REPORT 1997 MENT # V60293 TURE EVENTS, INC.	Sandra B Secretar	TIMENT OF STATE Mortham Y of State CORPOLATIONS	FILED 97 AUG -5 AM 9: 18 SECRETARY OF STATE TALLAHASSEE, FLORIDA
Principal Place of Business 416 PINEVIEW STREET ALTAMONTE SPRINGS FL 32701 US 416 PINEVIEW STREET ALTAMONTE SPRINGS FL 32701 US 2. Principal Place of Business 2a. Mailing Address				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/26/1992 4. FEI Number 3. Date of Last Report 08/29/1996 Applied For
Sulte, Apt. : 22 City & State		26 Suite, Apt. #, etc. 27 City & State 28		59-3 138663 Not Applicable 5. Certificate of Status Desired 6. Election Campaign Financing Trust Fund Contribution Not Applicable \$8.75 Additional Fee Required \$5.00 May Be Added to Fees
418	©Country 25 9. Name and Address of Current TE, MIKE PINEVIEW STREET AMONTE SPRINGS FL 32701	Zip 29 Registered Agent	81 Name 82 Street A 83 City	8. This corporation owes or has paid the current year Intengible Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent Address (P.O. Box Number is Not Acceptable) 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 appointment as registered agent. I am familiar with, and accept the appointment as registered agent. Signature requires when reinstating) DATE DATE				
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PD FETTE, MIKE 416 PINEVIEW STREET ALTAMONTE SPRINGS FL 3270 VST FETTE, HERB	☐ DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change
STREET ADDRESS CHY-ST-ZIP TITLE NAME STREET ADDRESS CHY-ST-ZIP	419 PINEVIEW ST. ALTAMONTE SPRINGS FL 3270	DELETE	2.3 STREET ADDRESS 2.4 CHY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CHY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CHTY-ST-ZIP TITLE		☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-S1-ZIP 5.1 TITLE 5.2 NAME	☐ Change ☐ Addition Change ☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	<u></u>	DELETÉ	5.2 NAME 5.3 STREET ADDRESS 5.4 CHY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS	3-7-07 Change Addition
11. 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. 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.				



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