

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N39437 (1)
 1. Corporation Name
KEEP-IN-STEP WESTERN ENTERTAINMENT INC.



Principal Place of Business 9534 S.W. 82ND ST. MIAMI FL 33173	Mailing Address 9534 S.W. 82ND ST. MIAMI FL 33173
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3. Date Incorporated or Qualified 08/06/1990	3a. Date of Last Report 05/01/1995
4. FEI Number 65-0211808	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent SAULS, PAMELA LINDSTROM 9534 S.W. 82ND ST. MIAMI FL 33173	10. Name and Address of New Registered Agent
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	PCD <input checked="" type="checkbox"/> DELETE
NAME	LANGE, DANIEL L
STREET ADDRESS	5700 SW 152ND CT
CITY-ST-ZIP	MIAMI FL
TITLE	VD <input checked="" type="checkbox"/> DELETE
NAME	LONG, DON E
STREET ADDRESS	14240 SW 96TH TERR
CITY-ST-ZIP	MIAMI FL
TITLE	SD <input type="checkbox"/> DELETE
NAME	SAULS, PAMELA LINDSTR
STREET ADDRESS	9534 SW 82ND ST
CITY-ST-ZIP	MIAMI FL
TITLE	TD <input checked="" type="checkbox"/> DELETE
NAME	LANGE, NORMA E BENNET
STREET ADDRESS	5700 S.W. 152ND COURT
CITY-ST-ZIP	MIAMI FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	LONG, LUCINDA D
STREET ADDRESS	14240 SW 96TH TERR
CITY-ST-ZIP	MIAMI FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	SAULS, PRINCE L
STREET ADDRESS	9534 SW 82ND ST
CITY-ST-ZIP	MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Long, Lucinda D.
1.3 STREET ADDRESS	14240 S.W. 96 Terrace
1.4 CITY-ST-ZIP	Miami, Florida
2.1 TITLE	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Sauls, Prince Leroy
2.3 STREET ADDRESS	9534 S.W. 82 Street
2.4 CITY-ST-ZIP	Miami, Florida
3.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Curl, John Kelly
3.3 STREET ADDRESS	488 N.E. 18 Avenue, Unit 101
3.4 CITY-ST-ZIP	Homestead, Florida
4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Riggenbach, William
4.3 STREET ADDRESS	10353 S.W. 114th Street
4.4 CITY-ST-ZIP	Miami, Florida
5.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Long, Don E.
5.3 STREET ADDRESS	14240 S.W. 96 Terrace
5.4 CITY-ST-ZIP	Miami, Florida
6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Irwin, Amelia
6.3 STREET ADDRESS	900 Cardinal Place
6.4 CITY-ST-ZIP	Homestead, Florida

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Pamela L. Sauls* **PAMELA L. SAULS** **4/16/96** **305 (995-5458)**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)