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May 16 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N39437 (1)

1. Corporation Name
KEEP-IN-STEP WESTERN ENTERTAINMENT INC.



Principal Place of Business Mailing Address
9534 S.W. 82ND ST. MIAMI FL 33173
9534 S.W. 82ND ST. MIAMI FL 33173-3353

3. Date Incorporated or Qualified 08/06/1990
3a. Date of Last Report 04/22/1996

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

4. FEI Number 65-0211808
Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution N/A \$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

10. Name and Address of New Registered Agent

SAULS, PAMELA LINDSTROM
9534 S.W. 82ND ST.
MIAMI FL 33173

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

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD DELETE
NAME LONG, LUCINDA D.
STREET ADDRESS 14240 SW 96 TERR
CITY-ST-ZIP MIAMI FL
TITLE VPD DELETE
NAME SAULS, PRINCE LEROY
STREET ADDRESS 9534 SW 82ND ST
CITY-ST-ZIP MIAMI FL
TITLE TD DELETE
NAME CURL, JOHN KELLY
STREET ADDRESS 488 NE 18TH AVE, UNIT 101
CITY-ST-ZIP HOMESTEAD FL
TITLE D DELETE
NAME RIGGENBACH, WILLIAM
STREET ADDRESS 10353 SW 114TH ST
CITY-ST-ZIP MIAMI FL
TITLE D DELETE
NAME LONG, DON E.
STREET ADDRESS 14240 SW 96TH TERR
CITY-ST-ZIP MIAMI FL
TITLE D DELETE
NAME IRWIN, AMELIA
STREET ADDRESS 900 CARDINAL PLACE
CITY-ST-ZIP HOMESTEAD FL

1.1 TITLE S/D/RA Change Addition
1.2 NAME SAULS, PAMELA LINDSTROM
1.3 STREET ADDRESS 9534 S.W. 82nd Street
1.4 CITY-ST-ZIP Miami, FL
2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 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 Lindstrom Sauls*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/97 (305) 995-55158
Date Deafline Phone # 0032858

CR2E037 (9/96)