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Secretary of State

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Mailing Address

1308 ROSE BLVD

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PROFIT CORPORATION ANNUAL REPORT

1999

Principal Place of Business

3365 N. FEDERAL HWY FT LAUDERDALE FL 33306



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J50391

BEVERLY HILLS TALENT MANAGEMENT, INCORPORATED

DO NOT WRITE IN THIS SPACE ORLANDO FL 32839 3. Date Incorporated or Qualifed US 01/06/1987 2. Principal Place of Business 4. FEI Number Applied For 2a. Mailing Address Not Applicable 65-0005359 26 Suite, Apt. #, etc. Suite, Apt, #, etc. \$8.75 Additional 5. Certifcate of Status Desired Fee Required 22 27 \$5.00 May Be City & State City & State 6. Election Campaign Financing Added to Fees Trust Fund Contribution 23 28 Country Zip Country Zip 8. This corporation owes the current year Intangible □No Personal Property Tax. ☐ Yes 29 30 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 LIROT, LUKE C., ESQ. Street Address (P.O. Box Number is Not Acceptable) 112 EAST STREET SUITE B 83 **TAMPA FL 33602** City Zip Code 84 85 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12 Addition Change DELETE 1,1 TITLE STP. TITLE 1.2 NAME NAME CHURCH, LAWRENCE 1.3 STREET ADDRESS STREET ADDRESS < 3365 N FEDERAL HWY ET LAUDERDALE-FL 1.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 2.1 TITLE TITLE STP LAIRO M. Bolts 1308 Rose Blud. 2.2 NAME NAME ste. B 2.3 STREET ADDRESS STREET ADORESS ORLANDO 32839 2.4 CITY-ST-ZIP CITY-ST-ZIF ☐ Change Addition ☐ DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 41 TITLE 4. 2 NAME NAME 4 3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 6.1 TITLE ☐ Change ☐ Addition TITLE 6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

Laind M. Boles

14. I 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

CR2E034 (11/98