## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

**DOCUMENT # 471966** 

(2)

1. Corporation FOUR	C PRODUCTIONS, INC.	) (2)			
Principal Plac	ce of Business	Mailing Address			ARI MRADIA MEDIA MEDIA MEDIA MEDIA MEDIA MEDIA
4830 REECE RD PLANT CITY FL 33567		4830 REEGE RD. PLANT CITY FL 33587 US		DO NOT WHITE	E IN THIS SPACE
บร		US		3. Date Incorporated or Qualified	
				03/14/1975	
2. Principal F	Place of Business	2a, Mailing Address		4. FEI Number	Applied For
21	E.	26		59-1663839	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		6. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	lo	City & State		6. Election Campaign Financing	<b>\$5.00</b> May Be
23		28		Trust Fund Contribution	Added to Fees
Ζιρ	Country	Zip	Country	8. This corporation owes or has p	
24	25	29	30	Personal Property Tax due Juni	
	9. Name and Address of Currer	nt Registered Agent	81 Name	10. Name and Address of New R	agistered Agent
CONSTANTINE, JOHN					
4830 REECE RD PLANT CITY FL 33567			82 Street Add	dress (P.O. Box Number is Not Accepta	ble)
PL	ANI OIT FL 3330/		83		AND A SECOND STATE OF THE
			84 City		FL 85 Zip Code
11. Pursuant office or agent. I a SIGNATURE	to the provisions of Sections 607.050 registered agent, or both, in the State am femiliar with, and access the oblice.		ltes, the above-named co authorized by the corpor- lorida Statutes  If: Begistered Agent signature req	rporation submits this statement for the ation's board of directors. I hereby acce	purpose of changing its registered optithe appointment as registered
12.	_ <del> </del>	er and tile it applicable. (NO D.DIRECTORS	13.	ADDITIONS/CHANGES TO OFFI	
TOLE	PSD	DELETE	1.1 101.5	NDDITIONO/OFF/MAZO TO OFF	Change Addition
NAME	CONSTANTINE, JOHN	<b>/</b>	1.2 NAME		
STREET ADDRESS	11245 S.W. 133RD TERR.		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		1.4 CITY - \$1 - ZIP		
TITLE	VP	☐ DELETE	2.1 TITLE		Change Addition
NAME	HEDDLE, RICHARD		2.2 NAME		
STREET ADDRESS	5209 RUTH MORRIS RD		2.3 STREET ADDRESS		
CITY-ST-ZIP	WIMAUMA FL		2. 4 CITY - ST - ZIP		
TITLE	$\rho s \rho$	☐ DELETE	3.1 TITLE		L_ Change L_ Addition
NAME	CONSTANTING G830 Reece Re	ر م	3.2 NAME		
STREET ADDRESS	c/830 Reece Re	<i>P</i>	3.3 STREET ADDRESS		
City-St-ZiP	PLANT CUTY	T/ 33-161	3.4. CHY-ST-7IP		Change Addition
TITLE	17 1511. 00.7	/ / DILLETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS		•	4.3 STREET ADDRESS		
City-St-ZiP Title		DELETE	4.4 CHY-ST-ZIP 5.1 TITLE		Change Addition
NAME		<b>L</b>	5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CHY-S1-7IP		
TITLE		DE LE TE	611011		Charige Addition
NAME			62 NAME		
STHEET ADDRESS			63 STHEET ADDRESS		
CITY-ST-ZIP			6 4 CITY-ST-ZIP		
14 Lhorobus	cortify that the information supplied w	ith this filing does not qualify	for the exemption stated i	in Section 119 07(3)(i) Florida Statutes	I further certify that the information

14. Hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statules. Hurther 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 of 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 of an attachment with an address.

1/10/90 813715-349

**FILED** 

Jan 20 1998 8:00am

Secretary of State