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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 749701

1. Corporation Name

TIGERTAIL PRODUCTIONS, INC.

Principal Place of Business
**842 NORTHWEST 9TH COURT
MIAMI FL 33136**

Mailing Address
**842 NORTHWEST 9TH COURT
MIAMI FL 33136**



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified
11/07/1979

4. FEI Number
59-1968705

Applied For
Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

9. Name and Address of Current Registered Agent

**KRAMEL, JOHN
900 NW 7TH STREET ROAD
MIAMI FL 33136**

10. Name and Address of New Registered Agent

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

TITLE **D** ☐ DELETE
NAME **LUFT, MARY**
STREET ADDRESS **842 NW 9TH CT**
CITY-ST-ZIP **MIAMI FL**

TITLE **D** ☐ DELETE
NAME **LUND, GARY**
STREET ADDRESS **6200 SW 63RD AVENUE**
CITY-ST-ZIP **MIAMI FL 33143**

TITLE **D** ☒ DELETE
NAME **KEDDELL, WILLIAM**
STREET ADDRESS **847 NW 7TH STREET**
CITY-ST-ZIP **MIAMI FL 33136**

TITLE **SD** ☒ DELETE
NAME **SKINNER, DAVID**
STREET ADDRESS **2820 TIGERTAIL AVENUE**
CITY-ST-ZIP **MIAMI FL 33133**

TITLE **D** ☐ DELETE
NAME **WILLIAMSON, BRENDA**
STREET ADDRESS **4109 WOODRIDGE**
CITY-ST-ZIP **MIAMI FL**

TITLE **DT** ☐ DELETE
NAME **KRAMEL, JOHN**
STREET ADDRESS **900 NW 7TH STREET ROAD**
CITY-ST-ZIP **MIAMI FL 33136**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME **P Linda M. Smith**
2.3 STREET ADDRESS **11900 Biscayne Blvd.**
2.4 CITY-ST-ZIP **Miami, FL 33181**

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME **D Genaro Ambrosino**
3.3 STREET ADDRESS **3095 SW 39th Avenue**
3.4 CITY-ST-ZIP **Miami, FL 33146**

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME **D Giorgina Pickett**
4.3 STREET ADDRESS **541 16th Street #4**
4.4 CITY-ST-ZIP **Miami Beach, FL 33139**

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 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, with all other like empowered.

SIGNATURE:

SIGNATURE OF Mary Luft

2/11/99

305 324 4337

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)