

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # **F63270**

1. Corporation Name

LIDO PRODUCTIONS, INC.

Principal Place of Business

1950 HARRISON STREET
HOLLYWOOD FL 33020
US

Mailing Address

1950 HARRISON STREET
HOLLYWOOD FL 33020
US

FILED
Aug 16, 1999 8:00 am
Secretary of State

08-16-1999 90007 036 ***550.00

000153 - 90007 - 36



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/14/1982

4. FEI Number

59-2159922

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

8. This corporation owes the current year
Intangible Personal Property.



Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 **532 DUVAL ST**

26 **532 DUVAL ST**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 **KEY WEST, FL**

27 City & State

28 **KEY WEST, FL**

24 Zip

33040

25 Country

US

29 Zip

33040

30 Country

US

9. Name and Address of Current Registered Agent

DANA FISHER
1950 HARRISON STREET
HOLLYWOOD FL 33020

10. Name and Address of New Registered Agent

81 Name

DANA FISHER

82 Street Address (P.O. Box Number is Not Acceptable)

532 DUVAL ST.

83

84 City

KEY WEST

FL

85 Zip Code

33040

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

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 **DPT** ☒ DELETE

NAME **OLIVAS, MICHAEL**
STREET ADDRESS **1950 HARRISON STREET**
CITY-ST-ZIP **HOLLYWOOD FL**

TITLE **DVS** ☐ DELETE

NAME **FISHER, DANA**
STREET ADDRESS **1950 HARRISON STREET**
CITY-ST-ZIP **HOLLYWOOD FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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 **P/V/T/S/D/C** ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

532 DUVAL ST.
KEY WEST, FL 33040

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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8/12/99 3052945300

CR2E034 (5/99)