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

**FILED** Feb 26 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Socretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # F94000004232 (4) FILM CONCEPTS, INC. Principal Place of Business Mailing Address 6458 NW 99TH AVENUE 6458 NW 99TH AVENUE PARKLAND FL 33076 PARKLAND FL 33076 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 08/16/1994 2. Principal Place of Business 2a. Mailing Address Applied For 11-2857294 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State \$5.00 May Be 8. Election Campaign Financing Added to Fees 23 28 Trust Fund Contribution Zıp Country Country 8. This corporation owes or has paid the current year Intangible Yes Yes Personal Property Tax due June 30. 24 25 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent REICH, HARVEY E 11831 ROYAL PALM BLVD. #302 Street Address (P.O. Box Number is Not Acceptable) **CORAL SPRINGS FL 33065** 83 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. (NOT: Fiegistered Agent signature req when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. DELETE Change 1.1 TITLE TITLE REICH, HARVEY E NAME 1.2 NAME 6458 NW 99TH AVENUE STREET ADDRESS 1.3 STREET ADDRESS PARKLAND FL 1.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change 2.1 TITLE TITLE REICH, ROBYN E 22 NAME NAME 6458 NW 99TH AVENUE 2.3 STREET ADDRESS STREET ADDRESS PARKLAND FL 2 4 CITY-ST-ZIP CITY-ST-ZIP DELETE TITLE 3.1 DILE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-\$1-ZIP Change DELETE 4.1 TITLE

CITY-ST-ZIF 6.4 CITY - S1 - ZIP of qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information up and accurate and that my signature shall have the same legal effect as if made under eath; that I am an awared to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in 14. I hereby certify that the information, indicated on this annual report of officer or director of the corporal Block 12 or Block 13 if change

4. 2 NAME

5 1 TOTLE

5.2 NAME

6.1 TITLE

62 NAME

DELETE

DELETE

4.3 STREET ADDRESS

5 3 STREET ADDRESS 5.4 CITY - S1 - ZIP

6.3 STREET ADDRESS

4.4 CITY-ST-ZIP

**SIGNATURE:** 

NAME STREET ADDRESS

TITLE

NAME STREET ADDRESS

TITLE NAME

CITY-ST-ZIP

CITY - ST - ZIP

STREET ADDRESS

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