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

FILED Aug 18, 1999 8:00 am Secretary of State

08-18-1999 90008 025 ***550.00

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DOCUMENT #	F95000003227
1 Camoration Name	1 CCCCCCEE1

TUFF LOVE PRODUCTIONS, INC.

Principal Place	of Business	Mailing Address				
936 Intracoas Ft. Lauderdal	DASTAL DR., 14F 936 INTRACOASTAL DR., 14F DALE FL 33304 FT. LAUDERDALE FL 33304		DO NOT WRITE IN THIS SPACE			
				3. Date Incorporated or Qualified		
				07/03/1995		
2. Principal Pl	lace of Business	2a. Mailing Address		4. FEI Number	Applied For	
21 3600	2 Duranas St.	26 360D D	March St.	11-3206105	Not Applicable	
Suite, Apt.		Suite, Apt. #, etc.	3	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State	al Gabler Fl.	City & State	ables F	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip (Country	- Ziesつ1つし -	Country	8. This corporation owes the current year		
<u> 24 </u>	39 25	29 33/39 30		Intangible Personal Property.	Yes No	
	9. Name and Address of Curre	nt Registered Agent	81 Name	10. Name and Address of New Register	i i	
VELE	7 ANGELA A		Name (ingela Honstol	lelez	
VELEZ, ANGELA A 936 INTRACOASTAL DR., 14F			82 Street Ad	ddress (P.O. Box Number is Not Acceptable)		
FT. LAUDERDALE FL 33304				000 10v/ango 57	4 CC 1	
	2 (0 9 2 (1 9 7 2 9 7 2 9 9 9 9 9 9 9 9 9 9 9 9 9 9					
			84 City	religibles	FL 85 Zip Code	
11.—Pursuant to the provisions of sectiops 607.0502 and 607.0502 and 607.0508. Florida Statutes, the prove-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida, auch change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familier with, and accept the obligations of section 607.0605. Florida Statutes						
SIGNATURE	(A) MALE	al mo	1//	1		
			Registered Agent signature		AND DIRECTORS IN 12	
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICER		
TITLE	PCS	DELETE	1.1 TITLE		Change Addition	
NAME:	VELEZ, ANGELA A		1.2 NAME	acon Ouranes 5t.		
STREET ADDRESS	936 INTRACOASTAL DRIVE	•	1.3 STREET ADDRESS	3600 Durango St.	7312Y	
CITY-ST-ZIP	FT. LAUDERDALE FL			-07 1 G-512, 1		
TITLE		DELETE	2.1 TITLE		Change Addition ·	
NAME			2.2 NAME			
STREET ADDRESS			2.3 STREET ADDRESS			
CITY-\$T-ZIP			2.4 CITY-ST-ZIP 3.1 TITLE		Change Addition	
TITLE		☐ DELETE			Change Addition	
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4 CITY-ST-ZIP		Change Addition	
TITLE		OELETE	4.2 NAME			
NAME			4.3 STREET ADDRESS			
STREET ADDRESS			4.4 CITY-ST-ZIP			
CITY-ST-ZIP TITLE		DELETE	5.1 TITLE		Change Addition	
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE		DELETE `	6.1 TITLE		Change Addition	
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
]			6.4 CITY-ST-ZIP			
CITY-ST-ZIP			V.9 (111-31-21F	ortion 110/07/2/(i) Florida Statutas I further ce	rtify that the information	

4. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in seption 119.07(3)(i). Fornda Statutes. I further certify that the information indicated on this annual report or suppremental annual report is true and accurate and that my storiative shall have the same legal effect as if made under eath; that I am an officer or director of the composition or the receiver or trustate employeered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted, or on an attachment with an address.

SIGNATURE:

IGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Paytime Phone #

CR2E034 (5/99