## 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 # F9600001573 (2)

FILED Apr 20 1998 8:00am Secretary of State

RRANA	THEATRICAL VISIONS INC							
יאוראוזט	THEATMORE VIOLONG INC	4 %				'r andleða falla thúsú arkir hadali hlálfi bhafa kærir a	INCAL CINE I WHELE COM	<b>10 0</b> 0010 1 <b>0 0</b> 1
		į						
Principal Plac	o of Business	Mailing Address				I IMMONAM TITIK MATEL AMARE MATEL AMARE METEL AMARE M	Bibt tinet britt fån	
600 THACKER AVE 600 THACKER AVE								
SUITE 0-51 SUITE D-51						DO NOT WRITE IN THI	IC CDACE	
KISSIMMEE F	L 34741	KISSIMMEE FL 34741				3. Date Incorporated or Qualified	S SPACE	
		•			i	03/27/1996		
2. Principal P	ace of Business	2s. Mailing Address				4. FEI Number	ΙΔ,	oplied For
21	3. 2 <b>.</b> 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3.	26				93-1170721	<del></del>	ot Applicable
Suite, Apt.	#, etc	Suite, Apt. #, etc.				<b>-</b>		Additional
22		27				5. Certificate of Status Desired	Fee Ro	equired
City & State	9	City & State				6. Election Campaign Financing	\$5.00	May Be
23		26				Trust Fund Contribution	Added	to Fees
Zip	Country Zip Co			try		8. This corporation owes or has paid the o		
24	25 29 30 9. Name and Address of Current Registered Agent					Personal Property Tax due June 30.  10. Name and Address of New Registere		_l No
	<del></del>	r realisted whatir		1 N	ame	IV. Italiio and Address of New Hogisters	A Vilaile	
GONZALEZ, ROMAN 600 THACKER AVE								
		8:	2 St	reet Addres	ss (P.O. Box Number is Not Acceptable)			
	TE D-51 SIMMEE FL 34741		8	3		··		
NIO	SIMMEE FL 34/41		L					
			8	4 C	ity	F	<b>85</b> Zip 1	Code
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statute	s, the abo	ve-na	med corpor			ts registered
office or re	egistered agent, or both, in the State	of Florida, Such change was a strong of Section 607 0505. Flori	uthorized t	by the	corporation	ration submits this statement for the purpose n's board of directors. I hereby accept the a	ppointment as	registered
	Trialinal With, and accept the oblige	110005, 10000000	IJOU CIEIGI					
SIGNATURE	Signature, typed or printed name of registered ages	nt and little if applicable (NOTE	Registered A	gent sig	nature required	when reinstating) DATE		
12.	OFFICERS AND					ADDITIONS/CHANGES TO OFFICERS A		
TITLE	CP	L. DELETE 1.1 TI					L Change	Addition
NAME				1.2 NAME				
STREET ADDRESS	4825 KINGSTON CIR		1.3 STRE					1
CITY-ST-ZIP	KISSIMMEE FL 34746	DELETE	1.4 CITY		<u></u>		Change	Addition
THE	V CONTAILES DOUBLO		2 1 TITLE				Change	L Abunion
NAME				2.2 NAME				i
STREET ADDRESS				2.3 STREET ADDRESS				ŀ
CITY-ST-ZIP TITLE	S			2.4 CITY-ST-ZIP 3.1 TITLE			Change	Addition
NAME			3.1 HILE 3.2 NAME				Junity	
STREET ADDRESS				3.3 STREET ADORESS				İ
	DALLAS TX 75244		3.4. City-St-ZIP					}
CITY-ST-ZIP TITLE			4.1 TITLE				Change	Addition
NAME	PARRONDO, MARIA I						_ •	
STREET ADDRESS	4825 KINGSTON CIR		4.3 STREET		IFSS			į.
CITY-ST-ZIP	KISSIMMEE FL 34748		4.4 CITY					
TITLE		☐ DELETE	51 TITLE				Change	Addition
NAME			5.2 NAME	E				
STREET ADDRESS	IESS 5		5.3 STREE	5.3 STREET ADDRESS				ļ
City-ST-ZIP	5.4		1	5.4 CITY-ST-ZIP				
TITLE		DELETE	6.1 TITLE				Change	Addition
NAME			6.2 NAME	6.2 NAME				ľ
STREET ADDRESS	DRESS 6		6.3 STREE	6.3 STREET ADDRESS				
CITY-ST-ZIP			6.4 CITY		1			
	ertify that the information supplied wi	th this filing does not qualify for				action 119.07(3)(i), Florida Statutes. I further	certify that the	information

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 early; that I am an officer or director of the corporation or the receiver or trustee empoyered 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 empoyer.

SIGNATURE:

04/14/198