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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **F96000003723**1. Corporation Name

MAJOR PRODUCTIONS INTERNATIONAL, INC.

IVIAJON	LUODOCIIONS INTERNATION)					
Principal Plac	e of Business	Mailing Address					
1512 E BROWARD BLVD. 1512 E. BROWARD BLVD							
STE 301		SUITE 301			DO NOT WRITE IN THE	S SDACE	
FORT LAUDERDALE FL 33301 FT LAUDERDALE FL 3330					-3. Date Incorporated or Qualifed	O OF AUL	
US					07/23/1996		
		a Mailine Address			4. FEI Number	— An	plied For
_	lace of Business	2a. Mailing Address			74-2641136		t Applicable
26 Suite, Apt. #, etc. Suite, Apt. #, etc.						\$8.75 A	
					5. Certifcate of Status Desired	Fee Re	
City R Stat		City & State		6. Election Campaign Financing	\$5.00	May Be	
_	, ***, - *****				Trust Fund Contribution	Added to	
Zip	Country Zip C				8. This corporation owes the current year tr	ntangible	
24	25	29 30	•		Personal Property Tax.	ŬYes	□No
24	9. Name and Address of Curren		1		10. Name and Address of New Registered	1 Agent	
	9. Name and Address of Curren	t (vegiste) ou Agent	81	Name			
FULCHER, ANGELA E			_				
	2 E BROWARD BLVD. STE 301		82	Street Add	ress (P.O. Box Number is Not Acceptable)		
FORT LAUDERDALE FL 33301			83				
, , ,	II BRODERIDALE LE GOOD.		55	ł			
			84	City	FI	85 Zip C	Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, -office or registered agent, or both; in the State of Florida; Such change agent							registered
11. Pursuant	to the provisions of Sections 607.050	2 and 607,1508, Florida Statutes, of Florida, Such change was autho	the abovi orized by	e-named corporati	ion's board of directors. I hereby accept the appoint	ointment as rec	gistered
agent. I a	m famillar with, and accept the obliga	tions of, Section 607.0505, Florida	Statutes	<u> </u>		99	
SIGNATURE	- Mulli	- ANGELA FULLY	42		2 3		
	Signature, type of printed name of registered ager			nt signature require	ed when reinstating) DATE	ND DIRECTO	DS IN 12
12.		D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A	Change	Addition
TITLE	PCS	☐ DELETE	1.1 TITLE				
NAME	FULCHER, ANGELA		1.2 NAME				-
STREET ADDRESS	ETIO DESCINA SIL		1.3 STREE	T ADDRESS		•	
CITY-ST-ZIP			1.4 CITY-S	T-ZIP		Change	Addition
TITLE	VTD	☐ DEFELE	2.1 TITLE			C) Change	
NAME	FULCHER, P. MINOR						
STREET ADDRESS	2415 DESOTA DR 238		2.3 STREE	T ADDRESS			ł
CITY-ST-ZIP	FT LAUDERDALE FL 33301 2.49		2. 4 CITY-S	ST-ZIP			
TITLE	☐ DELETE 3.1 TI		3.1 TITLE			Change	☐ Addition
NAME		j	3.2 NAME				
STREET ADDRESS			3.3 STREE	T ADDRESS			Ì
CITY-ST-ZIP	(3.4. CITY- 9	ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE			Change	☐ Addition
NAME	1		4. 2 NAME	}	.		
STREET ADDRESS			4.3 STREE	T ADDRESS			Ì
CITY-ST-ZIP]	J	4.4 CITY-S	T-ZIP	<u> </u>		
TITLE		☐ DELETE	5.1 TITLE			☐ Change	☐ Addition
NAME			5.2 NAME	1			
STREET ADDRESS			5.3 STREE	T ADDRESS			ļ
CITY-ST-ZIP			5.4 CITY-S	IT-ZIP		_	
TITLE		☐ DELETE	6.1 TITLÉ	-		Change	☐ Addition
		_ ·-	6.2 NAME				
NAME				T ADDRESS			İ
STREET ADDRESS	I						

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, with all other like empowered.

SIGNATURE:

TURE REDIVERAE KINGHEN

Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90137 008 ***150.00