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

PROFIT **CORPORATION ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998		DIVIS	DIVISION OF CORPORATIONS			Secretary of State		
· ·	MENT # G734 Name # G734 COINEMA PUB, INC.	152 (	6)					
1710100	- Gildeline i Gol ilito.						OL BURN BURN AGE	A <b>a</b> lan anaki kiri
Principal Place	e of Business	Mailing Address						
8625 W. HILLS		•	8625 W. HILLSBOURGH					
P.O. BOX 262185 TAMPA FL 33685		P.O. BOX 26218	P.O. BOX 262185 TAMPA FL 33685		DO NOT WRITE	E IN THIS SPACE		
IMMPA FL SA	000)	TAMES EL 3300	3			3. Date Incorporated or Qualified		
2 Principal P	lace of Business	2a, Mailing Add	rece			12/07/1983 4. FEI Number		Applied For
21		26	lin n			59-2370450		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #	, etc.			5. Certificate of Status Desired		75 Additional
City & State	e	City & State	City & State			6. Election Campaign Financing		e Required  O May Be
23		28	<del></del>			Trust Fund Contribution		ded to Fees
Zip	Country	Zip	-	Country		This corporation owes or has p     Personal Property Tax due Juni		ar Intengible
24	25 n. Name and Address of Cu	[29] urrent Registered Agent				10. Name and Address of New R		
	NKOLI, ERNEST			81	Name			
	PINEWOOD TERRACE DR.			82	Street Add	iress (P.O. Box Number is Not Accepta	ble)	
PAL	M'HARBOR FL 33563			83				
				84	City		85	Zip Code
<b>≰</b> ■ Durement	to the provisions of Soutions 607	7 0502 and 607 1508 Flori	da Statulos	the above		poration submits this statement for the	<u> </u>	ing ite registered
office or re	egistered agent, or both, in the S m familiar with, and accept the c	State of Florida. Such chai	ige was aut	thorized by	the corpora	tion's board of directors. I hereby acce	pt the appointmen	nt as registered
SIGNATURE								
12.	Signature, typical or printed manue of registers OFFICE RS	chages and the Capplicable S AND DIRECTORS	ноп ғ	Hegistered Age	nt signature requ	ired when reinstating)  ADDITIONS/CHANGES TO OFFI	CERS AND DIREC	CTORS IN 12
TITLE	PSD		ELETE	11 TITLE			Cha	
NAME	KONKOLI, ERNEST	- n-		1.2 NAME				
STREET ADDRESS Dity-St-Zip	855 PINEWOOD TERRACI PALM HARBOR FL	E UK		1.3 STREET 1.4 CITY - S	1			
TITLE	VD	D	ELETE	2.1 TITLE	1-21		Cha	ange Addition
NAME	KNOKOLI, RAE M.			2.2 NAME	)			ļ
TREET ADDRESS	•••			2.3 STRFE1				
CATY-ST-ZIP TITLE	PALM HARBOR FL		ELETE	2 4 C(TY-S 3 1 T)) LF	51 - ZIP		Cha	inge Addition
NAME				3.2 NAME	(			[
STREET ADDRESS				3.3 STREET				
CITY-ST-ZIP TITLE			ELETE	3.4. CITY- \$	51 - ZIP		☐ Cha	inge Addition
NAME		-		4. 2 NAME				
STREET ADDRESS				4.3 STREET	ADDRESS			
CITY-ST-ZIP TITLE			ELETE	4.4 CHY-S 5.1 TITLE	1 - ZIP		Cha	inge Addition
NAME		[]	LLL IL	5.2 NAME				ingo 🗀 zaorion
STREET ADDRESS				5.3 STREET	ADDRESS			
CITY-ST-ZIP				5.4 CITY-S	T-ZIP			
THTLE			ELETE.	6.1 TITLE			☐ Cha	inge [_] Addition
NAME STREET ADDRESS				6.2 NAME 6.3 STREET	ADDRESS			
CITY-ST-7IP				64 CHY-S				

14. Thereby certify that the information supplied with this filling 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 suppliemental 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:

**FILED** 

May 19 1998 8:00am

Secretary of State