## 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** 

## **FILED** Mar 30, 1999 8:00 am Secretary of State

03-30-1999 90038 046 \*\*\*150.00

1. Corporation	MENT # <b>J92155</b> MARSHALL PRODUCTIONS, I	NC.				B) B) B   B   B   B   B   B   B   B   B	1 <b>4</b> 11 <b>2</b> 18)1 1891
Principal Place	e of Business	Mailing Address		,			
10120 S.W. 98 AVE MIAMI FL 33176		10120 S.W. 98 AVE Miami FL 33176		DO NOT WRITE IN THIS	SPACE		
					3. Date Incorporated or Qualifed 09/11/1987		
	lace of Business	2a. Mailing Address			4. FEI Number 59-2847152		plied For
21		Suite, Apt. #, etc.			39-2047 132	\$8.75 A	t Applicable
			···			Fee Re	
City & Stat	е	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added t	May Be
Zip	Country	Zip	Countr	у	This corporation owes the current year In Personal Property Tax.	tangible AYes	□No
24	9. Name and Address of Current	<del></del>	100		10. Name and Address of New Registered		
<del></del>	5. Hallie and Address of Carlone	- Cognotor and Angelin	81	Name		<del></del>	
MARSHALL, JERRY				Street Adds	ress (P.O. Box Number is Not Acceptable)		
10120 SW 98 AVE			82	Street Addr	ress (P.O. Box Number is Not Acceptable)		
MIAMI FL 33176			83	3			]
			84	City		85 Zip (	Code
				City	FL	_   03   210 0	2000
office or r	to the provisions of Sections 607.0502 registered agent, or both, in the State of the familiar with, and accept the obligation	i Florida. Such change was aut	horized by	/ the corporation	poration submits this statement for the purpose o on's board of directors. I hereby accept the appo	f changing its intment as re	registered gistered
SIGNATURE		Alore, F	Ta alata d 8		ed when reinstating) DATE		}
12.	Signature, typed or printed name of registered agent OFFICERS AND		13.	ant signature require	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12
TITLE	D	□ DĒLETE	1.1 TITLE	T	ADDITION DUTIES TO ST. IDETER	Change	☐ Addition
NAME	MARSHALL, JERRY		1.2 NAME	{			
STREET ADDRESS	40400 004 00 405		1.3 STREE	ET ADDRESS			
CITY-ST-ZIP			1.4 CITY-5	ST-ZIP			
TITLE			2.1 TITLE			Change	☐ Addition
NAME	. 22 N		2.2 NAME				}
STREET ADDRESS	-		2.3 STREE	T ADDRESS			}
CITY-ST-ZIP	<u></u>	مانن سيخ نو ۱۹۹۰ و ور داد. 	2.4 CITY	ST-ZIP	The state of the s		. =
TITLE	-	☐ DELETE	3.1 TITLE			☐ Change	☐ Addition
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STREET ADDRESS	~		3.3 STREE	ET ADDRESS			1
CITY-ST-ZIP			3.4. CITY-	ST-ZIP		(T) (V)	
TITLE		☐ DELETE	4.1 TITLE			Change	☐ Addition
NAME			4. 2 NAME	Į			}
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CITY-ST-ZIP		Claciere	4.4 CITY-5	ST-ZiP		☐ Change	☐ Addition
TITLE		☐ DELETE	5.1 TITLE 5.2 NAME				ריי עממוזמוי )
NAME				Ĭ			
STREET ADDRESS	į			ET ADDRESS			1
CITY-ST-ZIP			5.4 CITY-1 6.1 TITLE	21-71A		Change	Addition
TITLE		☐ DELETE	6.1 HILE			CT Change	

CITY-ST-ZIP 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 changed, or on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE.

STREET ADDRESS