

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **K18860**

(2)

1. Corporation Name

STORYLINE CONCEPTS, INC.



Principal Place of Business

Mailing Address

**1110 DOUGLAS AVE.
STE. #1040
ALTAMONTE SPRINGS FL 32714
US**

**1110 DOUGLAS AVE.
STE. #1040
ALTAMONTE SPRINGS FL 32714
US**

3. Date Incorporated or Qualified

03/23/1988

3a. Date of Last Report

04/19/1995

4. FEI Number

59-2893716

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☒ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**HIRES, WILLIAM E., JR.
1873 ARLINGTON CT
LONGWOOD FL 32779**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent or officer or director

Signature, typed or printed name of registered agent or officer or director

DATE

12. OFFICERS AND DIRECTORS

TITLE

PD

☐ DELETE

NAME

HIRES, WILLIAM E., JR

STREET ADDRESS

1873 ARLINGTON CT.

CITY- ST- ZIP

LONGWOOD FL

TITLE

VD

☐ DELETE

NAME

DUCLOS, WILLIAM J.

STREET ADDRESS

364 WOODSTEAD CIRCLE

CITY- ST- ZIP

LONGWOOD FL

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE

☐ Change

☐ Addition

2. NAME

3. STREET ADDRESS

4. CITY- ST- ZIP

5. TITLE

☐ Change

☐ Addition

6. NAME

7. STREET ADDRESS

8. CITY- ST- ZIP

9. TITLE

☐ Change

☒ Addition

10. NAME

11. STREET ADDRESS

12. CITY- ST- ZIP

13. TITLE

☐ Change

☐ Addition

14. NAME

15. STREET ADDRESS

16. CITY- ST- ZIP

17. TITLE

☐ Change

☐ Addition

18. NAME

19. STREET ADDRESS

20. CITY- ST- ZIP

21. TITLE

☐ Change

☐ Addition

22. NAME

23. STREET ADDRESS

24. CITY- ST- ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 approval.

SIGNATURE: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X

4-19-96 (407) 682-4040

CR2E034 (12/95)