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Apr 22 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

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

Mailing Address

1110 DOUGLAS AVE.
STE. #1040
ALTAMONTE SPRINGS FL 32714-2004
US

3. Date Incorporated or Qualified

03/23/1988

3a. Date of Last Report

04/24/1996

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

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

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

WILLIAM E. HIRES JR

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

505 PEACHTREE RD

83

84 City

ORLANDO

FL

85 Zip Code

32804

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 type: typed, printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

PD
NAME HIRES, WILLIAM E., JR
STREET ADDRESS 1873 ARLINGTON CT.
CITY-ST-ZIP LONGWOOD FL

TITLE ☐ DELETE

VD
NAME DUCLOS, WILLIAM J.
STREET ADDRESS 364 WOODSTEAD CIRCLE
CITY-ST-ZIP LONGWOOD FL

TITLE ☐ DELETE

BD
NAME SCOTT, KRAMER
STREET ADDRESS 1110 DOUGLAS AVENUE #1040
CITY-ST-ZIP ALTAMONTE SPRINGS 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

PD
NAME WILLIAM E. HIRES, JR.
STREET ADDRESS 505 PEACHTREE ROAD
CITY-ST-ZIP ORLANDO, FLA 32804

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

TD
NAME SCOTT KRAMER
STREET ADDRESS 1714 LAKESIDE DR
CITY-ST-ZIP ORLANDO, FL 32803

4.1 TITLE ☐ Change ☒ Addition

BD
NAME RANDALL STILLWELL
STREET ADDRESS 1554 RIDGE LAKE C.N.
CITY-ST-ZIP LONGWOOD, FL 32750

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE: *[Signature]* REQUIRED

3/13/97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)