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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

**FILED** 

Feb 19, 1999 8:00am

**Secretary of State** 

02-19-1999 90049 010 \*\*\*158.75

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## 1999 DOCUMENT # K57055

<ol> <li>Corporation</li> </ol>	N THE RUN PRODUCTION									
Principal Place	of Business	Mailing Address	Mailing Address				* 18815111 Set Ollin (2011 4010)			
1110 PALMER A		1110 PALMER AVE				•				
WINTER PARK FL 32789		WINTER PARK FL 32789			DO NOT WRITE IN THIS SPACE					
US		US			3. Date incorporated or Qualifed					
						1	/09/1989			
5 D :- : I D(-	of Dusiness	2a. Mailing Address					Number		A	pplied For
2. Principal Pla	26	g ,			86	-0608268		N	ot Applicable	
Suite, Apt. #	t etc	Suite, Apt. #, etc.						<b>X</b> 1		Additional
22	, o.c.	27				5. Ce	rtifcate of Status Desired		Fee R	equired
City & State		City & State				6. Ele	ction Campaign Financing		•	May Be
23		28				Trust Fund Contribution Added to Fees				
Zip	Country	Zip	Cour	itry			s corporation owes the cur	rent year Int		
24 25			29 30			Personal Property Tax. Yes No  10. Name and Address of New Registered Agent			□No	
	9. Name and Address of Curre	ent Registered Agent				10. Na	me and Address of New	Registered	Agent	
				81	Name					
TEDROW, THOMAS L			ŀ	82	Street Addr	ess (P.O.	Box Number is Not Accept	able)		
1110 PALMER AVE			ļ							
WINT	ER PARK FL 32789			83						
			}	84	City				85 Zip	Code
					,			<u> </u>		
office or re agent. Far	to the provisions of Sections 607.05 sgistered agent, or both, in the Stat in familiar with, and accept the oblig	pations of, Section 607.0505, Flori	da Statu	ites			· · · · · · · · · · · · · · · · · · ·	·	ntment as r	egistered
	Signature, typed or printed name of registered as	AND DIRECTORS	13.	~goi	it signature require	ADI	DITIONS/CHANGES TO O			ORS IN 12
12.	PD	DELETE	1,1 111	LE.					☐ Change	
TITLE	TEDROW, THOMAS L		1.2 NA	ME						
NAME	1110 PALMER AVENUE				T ADDRESS					
STREET ADDRESS	WINTER PARK FL		1							
CITY-ST-ZIP	C OFFETT			1.4 CITY-ST-ZIP			<del></del>		Change	Addition
TITLE	STD		2.2 NA							1
NAME	WARTIN, SELLIEL D			2.3 STREET ADDRESS						]
STREET ADDRESS	ORLANDO FL 32817		2. 4 CI							
CITY-ST-ZIP	16 1100 12 32011		_	3.1 TITLE			<u> </u>		Change	☐ Addition
TITLE		<u>_,</u>	3.2 N							}
NAME OWNERS ADDRESS			3.3 ST	REET	T ADDRESS					
STREET ADDRESS					ST-ZIP		_			
CITY-ST-ZIP		☐ DELETE	4.1 TITLE			1			Change	Addition
NAME			4. 2 NAME							i
STREET ADDRESS			4.3 ST	REE	T ADDRESS					
CITY-ST-ZIP			4.4 Ci	TY-S	ST-ZIP	_				
TITLE		☐ DELETE	5.1 Tr	TLE			<del></del>		Change	e 🗌 Addition
NAME			5.2 NA	ME						ļ
STREET ADDRESS			5.3 \$1	REE	T ADDRESS					
CITY-ST-ZIP			5.4 CI	TY-S	ST-ZIP					
TITLE		☐ DELETE	6.1 TI	TLE					Change	e 🗌 Addition
NAME			6.2 N	<b>ME</b>						İ
etgeet annoese			6.3 81	TREE	ET ADDRESS					18

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.

6.4 CITY-ST-ZIP