**PROFIT** CORPORATION ANNUAL REPORT 1999 -



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # K94774

1. Corporation Name

J & S PRODUCTIONS, INC.

Principal Place	e of Business	Mailing Address			l			
240 NW 7 STRI	FFT	240 NW 7 STREET			<b>\</b>			
BOCA RATON I		BOCA RATON FL 33	432					
					DO NO	OT WRITE IN THIS	SPACE	
	• •				<ol><li>Date Incorporated or C</li></ol>	ualifed		ļ
	•				06/12/1989			1
2 Principal P	lace of Business	2a. Mailing Address	3	<del></del>	4. FEI Number		Ap	plied For
<del></del>		— ·			65-0187947		I <del></del>	t Applicable
21	<u> </u>		^		03 0 10 7 3 4 7		\$8.75	
Suite, Apt.	#, etc.	<del>                                     </del>	<b>C</b> .		5. Certifcate of Status De	sired 🔲	Fee Re	
22		27				<del></del>		<del></del>
City & State		— · · · · ·	City & State		6. Election Campaign Fina	,	\$5.00	
23		28			Trust Fund Contribution	<u> </u>	Added	to Fees
Zip	Country	Zip	Co	untry	8. This corporation owes	the current year In		<u> </u>
24	25	29	30		Personal Property Tax.		☐ Yes	<b>X</b> 400
<del></del>	9. Name and Address of Curre	nt Registered Agent	•		10. Name and Address of	f New Registered	Agent	
				81 Name				}
FELC	DMAN, MICHAEL J. P.A.							
	NE SPANISH RIVER BLVD.			82 Street Ad	dress (P.O. Box Number is Not	Acceptable)		ì
	TE 205			<u> </u>				
				83				
BUC	CA RATON FL 33431	•		84 City	<del></del>		85 Zip	Code
				City		FL	_  00  =	
11 Pursuant	to the provisions of Sections 607.050	02 and 607,1508, Florida	Statutes, the a	above-named co	rporation submits this statement	for the purpose of	changing its	registered
office or r	registered agent, or both, in the State	of Florida. Such change	was authorize	d by the corpora	ition's board of directors. I hereb	y accept the appo	intment as re	gistered
		ations of, Section 607.050	is, Fiorida Sta	tutes.	da Zi i i se a teri		',#'' '	it - 12 - 13 11
SIGNATURE	The state of the second					DATE		{
	Signature, typed or printed name of registered age	ent and title if abolicable.	INUIE: Redistere	ia Adeni sianature regu	ired when reinstating)	DATE		I .
			<u> </u>		ABBITIONSGUANGES	TO OFFICERS A	ND DIDECTO	3DC IN 12
12.	OFFICERS A	ND DIRECTORS	13.	· · · · · · · · · · · · · · · · · · ·	ADDITIONS/CHANGES	TO OFFICERS A		
			13.		ADDITIONS/CHANGES	TO OFFICERS A	ND DIRECTO	DRS IN 12
12.	P STETZ, JOHN JR	ND DIRECTORS	13. ETE 1.1 T	· · · · · · · · · · · · · · · · · · ·	ADDITIONS/CHANGES	TO OFFICERS A		
12. TITLE	P STETZ, JOHN JR	ND DIRECTORS	13. ETE 1.1 T 1.2 N	TILE	ADDITIONS/CHANGES	TO OFFICERS A		
12. TITLE NAME STREET ADDRESS	P STETZ, JOHN JR 240 NW 7 ST.	ND DIRECTORS	13. ETE 1.1T 1.2 N 1.3 S	ITILE NAME STREET ADDRESS	ADDITIONS/CHANGES	TO OFFICERS A		
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STETZ, JOHN JR	ND DIRECTORS	13. ETE 1.1T 1.2N 1.3 S 1.4 C	ITLE  IAME  STREET ADDRESS  CITY-ST-ZIP	ADDITIONS/CHANGES	TO OFFICERS A		
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	P STETZ, JOHN JR 240 NW 7 ST.	ND DIRECTORS	13. ETE 1.11 1.28 1.38 1.40 ETE 2.11	ITLE STREET ADDRESS CITY-ST-ZIP	ADDITIONS/CHANGES	TO OFFICERS A	☐ Change	Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	P STETZ, JOHN JR 240 NW 7 ST. BOCA RATON FL	ND DIRECTORS	13. 1.17 1.26 1.35 1.40 TTE 2.17 2.26	ITLE IAME STREET ADDRESS CITY-ST-ZIP ITLE VAME	ADDITIONS/CHANGES	TO OFFICERS A	☐ Change	Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	P STETZ, JOHN JR 240 NW 7 ST. BOCA RATON FL	ND DIRECTORS	13. 1.17 1.26 1.35 1.40 TTE 2.17 2.26	ITLE STREET ADDRESS CITY-ST-ZIP	ADDITIONS/CHANGES	TO OFFICERS A	☐ Change	Addition
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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

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90155 037 \*\*\*150.00