 EH 1	E NOW- EILING	FEE AETER	MAV 19T IS	የ <b>የ</b> ፍነ	50 NN			· · · · · · · ·			
FILE NOW: FILING FEE AF			FLORIDA DEPARTMENT OF STATE				<sub>7</sub> FILED				
	CORPORATION Sandra B. I						Jan 28 1998 8:00am				
	1998	- T	DIVISION OF CO	DRPOR	ATIONS		Secretar	$\mathbf{v}$	f St	ate	
	MENT # L( Name ELSEN STUDIOS, IN	)3333 IC.	(6)								
Principal Prac	e of Business	Mail	ing Address								
700 ATLANT UNIT 304 MELBOURNI US	1\$ RD	70 UN	700 atlantis RD Unit 304 Melbourne Fl. 32904			DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified					
				·-··-			07/19/1989				
· ·	Place of Business		Mailing Address				4. FEI Number		_ <del></del>	oplied For	
Suite, Apt	#, etc.	26	Suite, Apt. #, etc.				59-2968112			ot Applicable Additional	
22	,	27					5. Certificate of Status Desired		<b>-</b>	equired	
City & Sta	'e	28	City & State				Election Campaign Financing     Trust Fund Contribution		\$5.00 Added	May Be to Fees	
Zip	Country	<u> </u>	Zip	<del></del>	intry		8. This corporation owes or has pa	_			
24	9. Name and Addres	29 s of Current Registe	_	0	1		Personal Property Tax due June  10. Name and Address of New Re			No	
BI	RANDON, KAREN T.				81 Nar	ne		<u></u>			
	51 SARNO RD				82 Stre	et Addre	ess (P.O. Box Number is Not Acceptal	ale)			
	ELBOURNE FL 32935					or Addic		Jiej			
					83						
					84 City			FL	<b>85</b> Zip	Code	
11. Pursuant office or agent. I a	to the provisions of Section registered agent, or both, im familiar with, and accep	ons 607.0502 and 607 in the State of Florida of the obligations of, 5	7.1508, Florida Statutes Such change was au Section 607.0505, Flori	, the a thorize da Stat	bove-named by the distributes.	ed corpo corporation	oration submits this statement for the pon's board of directors. I hereby accept		changing it cintment as	s registered registered	
SIGNATURE		4	a lotte (		22223		d when reinstating)	DATE			
12.	Signature, typed or printed name of	FICERS AND DIRECT		13.	d Agent signa	ture require	d when reinstating) ADDITIONS/CHANGES TO OFFIC		DIRECTOR	S IN 12	
TITLE	D		☐ DELETE	1.1 TI	TLE				☐ Change	Addition	
NAME	MICKELSEN, ROBE	RT		1,2 N	AME						
STREET ADDRESS	265 RITA BLVD.			1.3 \$1	REET ADDRES	ss					
CITY - ST - ZIP	MELBOURNE BEAC	CH FL	C con page		TY-ST-ZIP						
TITLE			☐ DELETE	2,1 TI					Change	☐ Addition	
NAME STREET ADDRESS				2.2 N/	rme Treet addre:	: .					
CITY-ST-ZIP				i i	ITY-ST-ZIP	.		•			
TITLE			☐ DELETE	3.1 TI					Change	Addition	
NAME				3.2 N/	AME						
STREET ADDRESS				3.3 ST	REET ADDRE	ss					
CITY - ST - ZIP					ITY-\$T-ZIP				Chart	- Admir	
TITLE			L DELETE	4,1 11					L Change	☐ Addition	
NAME STREET ADDRESS				4,2 N	ame Reet addres						
STREET ADDRESS CITY-ST-ZIP					HEET ADDRES TY-ST-ZIP	3					
TITLE	ALCON A FRANCE		☐ DELETE	5.1 11		_			Change	Addition	
NAME				5.2 N					-		
STREET ADDRESS				5.3 ST	REET ADDRES	is					
CITY - ST - ZIP				5.4 CI	TY-ST-ZIP						
TITLE			☐ DELETE	6.1 Ti	ſLE		· — — —		Change	Addition	

6.2 NAME

6.3 STREET ADDRESS

6.4 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 if changed, or on an attachment with an address.

SIGNATURE:

2(98 407 -956 -1222

NAME

STREET ADDRESS

CITY-ST-ZIP