

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L45177

1. Corporation Name

MEGAFLICKS, INC.

Principal Place of Business

119-32 US 19  
PORT RICHEY FL 34668  
US

Mailing Address

7509 CANVASBACK DR  
NEW PORT RICHEY FL 34654

FILED  
Apr 14, 1999 8:00 am  
Secretary of State

04-14-1999 90001 032 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/19/1990

4. FEI Number

59-2987401

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

Country

28 Zip

Country

9. Name and Address of Current Registered Agent

CURRERI, ROBERT  
7509 CANVASBACK DR  
NEW PORT RICHEY FL 34654

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 607.1508, 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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME  
CURRERI, BOB  
STREET ADDRESS  
7509 CANVASBACK DR  
CITY-ST-ZIP  
NEW PORT RICHEY FL

1.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
CURRERI, BOB  
STREET ADDRESS  
7509 CANVASBACK DR  
CITY-ST-ZIP  
NEW PORT RICHEY FL

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
CURRERI, DEBORAH  
STREET ADDRESS  
7509 CANVASBACK DR  
CITY-ST-ZIP  
NEW PORT RICHEY FL

3.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-6-99 (727)-869-3542

CR2E034 (1/98)