Mar 06, 1999 8:00 am Secretary of State

03-06-1999 90106 041 ***150.00

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

	MENI # L85040	6			
1. Corporation	RODUCTIONS, INC.				
Principal Place	of Rusiness	Mailing Address			AIBII ATAIL BIRTI BIRII BIRII IORI
4552 S. SEMOR		2838 SALTER COURT			
ORLANDO FL 32822					
				DO NOT WRITE IN THE	S SPACE
		_		3. Date Incorporated or Qualifed 06/22/1990	
Principal Place of Business 2a. Mailing Address				4. FEI Number	Applied For
21		26		59-3026531	Not Applicable \$8.75 Additional
Suite, Apt. :	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	Fee Required
22 27 City & State City & State		<u> </u>	6. Election Campaign Financing	\$5.00 May Be	
City & State	•	28		Trust Fund Contribution	Added to Fees
23 Zip	Country	Zip	Country	8. This corporation owes the current year in	ntangible
24	25		· 0	Personal Property Tax.	☐ Yes 💢 No
24	9. Name and Address of Curr			10. Name and Address of New Registered	d Agent
			81 Name		
WARNER, FRANK E.			82 Street Add	ress (P.O. Box Number is Not Acceptable)	
2838 SALTER COURT					
ORLANDO FL 32818			83		ļ
			84 City		. 85 Zip Code :
			'		
11. Pursuant	to the provisions of Sections 607.0	502 and 607.1508, Florida Statutes	s, the above-named corp thorized by the corporation	poration submits this statement for the purpose on s board of directors. I hereby accept the app	ointment as registered
agent. I as	n familiar with, and accept the obli	ations of, Section 607.0505, Florid	da Statutes.	on's board of directors. I hereby accept the app	
SIGNATURE (Trans EV	barner_		+e13.2319	<u> 199</u>
	Signature, typed or printed name of registered a	agent and title if applicable (NOTE: F AND DIRECTORS	Registered Agent signature require 13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	DVP	DELETE	1.1 TITLE	ADDITIONAL OF INTEREST TO SET	Change Addition
NAME	WARNER, FRANK E.		1.2 NAME		
STREET ADDRESS	2838 SALTER COURT		1.3 STREET ADDRESS	•)
CITY-ST-ZIP	ORLANDO FL		1.4 CITY-ST-ZIP		
TITLE	DP DP	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	WARNER, JANICE M.		2.2 NAME	•	
STREET ADDRESS	2838 SALTER COURT		2.3 STREET ADDRESS	:	· ·
CITY-ST-ZIP	ORLANDO FL		2. 4 CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	
TITLE	DTS	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	WARNER, MICHAEL		3.2 NAME		
STREET ADDRESS	2838 SALTER COURT		3.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE	•	☐ Change ☐ Addition
NAME			4. 2 NAME	•	
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP	·	☐ Change ☐ Addition
TITLE		☐ DELETE	5.1 TITLE 5.2 NAME		
NAME			5.3 STREET ADDRESS	• .	
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	6.1 TITLE	<u> </u>	☐ Change ☐ Addition
TITLE NAME			6.2 NAME		
NAME	I		6.3 STREET ADDRESS		

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 changes, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR