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

CORPORATION ANNUAL REPORT

CITY-ST-ZIP



Secretary of State

FILED Feb 25, 1999 8:00 am Secretary of State **PROFIT** FLORIDA DEPARTMENT OF STATE Katherine Harris 02-25-1999 90081 028 ***150.00 1000

	1333	DIVISION OF	CORPORATIONS	
	UMENT # P92000			
CONVI	entions . Exhibits . Pron	MOTIONS INC.		
1				[1881/881)(8 18/18)(8/1 88/1 88/1 88/1 88/1 88/1 88/1 88/1
Principal Pl	ace of Business	Mailing Address		
18840 US HV	WY 19N	18840 US HWY 19N		
SUITE 415	D EL 24624	SUITE 415		
US	CLEARWATER FL 34624 US CLEARWATER FL 34624 US US			DO NOT WRITE IN THIS SPACE
ĺ		03		Date Incorporated or Qualifed
2. Principal	Place of Business	2a. Mailing Address		12/03/1992
21		— · · · · · · · ·		4: FEI Number Applied For
Suite, Ap	ot. #, etc.	Suite, Apt. #, etc.		65-0375236 Not Applicable
22	•	27		5. Certificate of Status Desired \$8.75 Additional
City & St	ate	City & State	 	Fee Required~
23		28		6. Election Campaign Financing \$5.00 May Be
Zip	Country	Zip	Country	Added to Fees
24 3376	54-3120 25	29 33764-3120		8. This corporation owes the current year Intangible
	9. Name and Address of Curren	t Registered Agent	<u> </u>	Personal Property Tax. Yes No
	-		81 Name	10. Name and Address of New Registered Agent
	FER, HENRY			
	'0 W OAKLAND PARK BLVD		82 Street	Address (P.O. Box Number is Not Acceptable)
	SUITE 303			
) SUN	SUNRISE FL 33351			, .
			84 City	85 Zip Code
11. Pursuant	to the provisions of Sections 607 0503	1 4 CO7 4 CO0 51 11 01		
office or	registered agent, or both, in the State of	s and 607.1508, Florida Statute of Florida. Such change was au	s, the above-named o	corporation submits this statement for the purpose of changing its registered ration's board of directors. I hereby accept the appointment as registered
agont. 7	ann lamiliar with, and accept the obligati	ions of, Section 607.0505, Flor	ida Statutes.	ration's board of directors. I nereby accept the appointment as registered
SIGNATURE	Standard hand			
12.	Signature, typed or printed name of registered agent OFFICERS AND	and title if applicable. (NOTE:	Registered Agent signature re-	quired when reinstating) DATE
TITLE	D OFFICERS AND	DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
NAME	HUGHES, CARL	□ nerei€	1.1 TITLE	☐ Change ☐ Addition
STREET ADDRESS	1		1.2 NAME	
	CLEARWATER FL 34621		1.3 STREET ADDRESS	·
CITY-ST-ZIP	CLEANIMIER PL 34621		1.4 City-St-Zip	
NAME		☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
			2.2 NAME	
STREET ADDRESS			2.3 STREET ADDRESS	the second secon
CITY-ST-ZIP			2. 4 City-St-ZIP	
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	,
CITY-ST-ZIP			34. CITY-ST-ZIP	·
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	☐ Change ☐ Addition
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	,
TITLE	· · · · · · · · · · · · · · · · · · ·	☐ DELETE	5.1 TITLE	
NAME			5.2 NAME	☐ Change ☐ Addition
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	
NAME			6.2 NAME	☐ Change ☐ Addition
STREET ADDRESS			6.2 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 Block 12 or Block 13 if changed, or on an attachment with an addition, with all other like empowered.