May 01, 1999 8:00 am Secretary of State

05-01-1999 90085 043 ***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

DOCUMENT # P93000028030

1. Corporation Name

FRIC RARON PRODUCTIONS. INC.

	INON FRODUCTIONS, INC.								
Principal Place	e of Business	Mailing Address					#111 W #114 ##14W		
3000 S. OCEAN	V DR.	3000 S OCEAN DR						•	
#5A		SUITE 5A					00405		
HOLLYWOOD FL 33019		HOLLYWOOD FL 33019			DO NOT WRITE IN THIS SPACE				
บร		us				3. Date Incorporated or Qualifed 04/14/1993	·		
2. Principal Pl	lace of Business	2a. Mailing Address			_	4. FEI Number		\— \ —	pplied For
21		26			65-0393743 Not Applicable				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certifcate of Status Desired			Additional	
22		27						lequired	
City & State	e	City & State				6. Election Campaign Financing		•	May Be
23		28				Trust Fund Contribution			to Fees
Zip	Country	Zip	Counti	ry		8. This corporation owes the cur	rent year Int	angible □ Yes	Mo
24	25		30			Personal Property Tax. 10. Name and Address of New	Doglotored		JS INU
	9. Name and Address of Curre	nt Registered Agent	8	1 No	me	10. Name and Address of New	Kegistered	Maint	
RAR	ON ERIC		"	' '**	1110			;	
BARON, ERIC 3600 VAN BUREN #106			8	2 Sti	eet Addre	ss (P.O. Box Number is Not Accept	table)		
	LYWOOD FL 33021		<u> </u>	_					
HOL	E1WOOD 1 E 30021		8	3			•		ļ
			8	4 Cil	у			85 Zip	Code
							FL	- -1ininin	a maintained
11. Pursuant office or n agent. I a	to the provisions of Sections 607.05 egistered agent; or both, in the State in familiar with, and accept the obligi	oz and 607.1506, Florida Statutes o.of.FloridaSuch change was aut ations of, Section 607.0505, Florid	thorized b	y the o	corporation	's board of directors. I hereby acce	ept the appoi	ntment as r	egistered
				- • ·					
SIGNATURE					sturn recyticed t	when reinstating)	DATE		
	Signature, typed or printed name of registered age	ent and title if applicable. (NOTE: F	Registered Ag		ture required t	when reinstating) ADDITIONS/CHANGES TO O	DATE FFICERS AN	ND DIRECT	ORS IN 12
12.	OFFICERS A			gent signa	nture required	when reinstating) ADDITIONS/CHANGES TO OI		ND DIRECT	
12. TITLE	OFFICERS A	ent and title if applicable. (NOTE: F	13.	gent signa	ture required				
12. TITLE NAME	OFFICERS AID BARON, ERIC	ent and title if applicable. (NOTE: F	13. 1.1 TITLE	ent signa					
12. TITLE NAME STREET ADDRESS	D BARON, ERIC 3600 VAN BUREN #106	ent and title if applicable. (NOTE: F	13. 1.1 TITLE 1.2 NAME 1.3 STREE	gent signa					
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AID BARON, ERIC	ent and title if applicable. (NOTE: F	13. 1.1 TITLE	gent signa E ET ADDF -ST-ZIP					Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	D BARON, ERIC 3600 VAN BUREN #106	ent and title if applicable. (NOTE: F ND DIRECTORS	Registered Ag 13. 1.1 TITLE 1.2 NAME 1.3 STRE 1.4 CITY	ent signa E ET ADDF ST-ZIP				☐ Change	Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	D BARON, ERIC 3600 VAN BUREN #106	ent and title if applicable. (NOTE: F ND DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAME	ent signa E E ET ADDF ST-ZIP	RESS			☐ 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 supplied that it 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 of the receiver or tostee 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 appowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP