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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

**FILED** 

Mar 09 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1	MENT # P9300 WILLE PRODUCTIONS, INC	0045126 (8) 			
Principal Plac	e of Business	Mailing Address		- CANDILLANI (198 INCHE CIVILI ANIILI	IOOA BIIDI HOIB AFDIN BAAF ABBI
3390 GANDY	BLVD N.	3390 GANDY BLVD., N.			
# 340 ST. PETERSBURG FL 33702		# 340 St. Petersburg FL 33702		50 107 11075 11 7 11	
				DO NOT WRITE IN THIS SPACE	
				3, Date Incorporated or Qualified	
2. Principal Place of Business		2a, Mailing Address		<b>06/21/1993</b> 4. FEI Number	4
21		26		59-3187170	Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.			Not Applicable \$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the c	
24	25	29	30	Personal Property Tax due June 30.	Yes ☐ No
	g. Name and Address of Curre	ent Registered Agent		10. Name and Address of New Registere	d Agent
GR	AF, CAROL A		81 Name		
3390 GANDY BLVD., N.			82 Street Add	dress (P.O. Box Number is Not Acceptable)	
# 340				areas (1707 Box Hamber to Hat 7 to coppidate)	
ST.	PETERSBURG FL 33702		83		
			84 City		85 Zip Code
				F!	_ ! ! !
office or r agent. I a SIGNATURE	egistered agent, or both, in the Stat m familiar with, and accept the obli- Signature, lyind or printed name of registered at	gations of, Section 607.0505, Fig	Luthorized by the corpora orida Statutes.  Registered Agent signature requ	rporation submits this statement for the purpose ation's board of directors. I hereby accept the apured when reinstating)  DATE	pointment as registered
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AN	ND DIRECTORS IN 12
TITLE	D	☐ DELET <b>E</b>	1.1 TITLE		☐ Change ☐ Addition
NAME	GRAF, CAROL A		1.2 NAME		
STREET ADDRESS			1.3 STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL 33702		1.4 CITY - ST - ZIP		
TITLE		☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 City-St-ZiP		
TITLE		☐ DELET <b>E</b>	3.1 TITLE	· ·	☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	3.4. CITY - ST - ZIP		
TITLE		L) UELETE	4.1 TITLE		L Change    Addition
NAME OTREET ADDRESS			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	• •	☐ DELETE	4.4 CITY+ST-ZiP		Change 17 4 daller
		☐ DETEN	5.1 TITLE		☐ Change ☐ Addition
NAME STREET ADDRESS			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	5.4 CITY - ST - ZIP 6.1 TITLE		Change Addition
NAME			6.2 NAME		CONSUME TO WOUNTED!
STREET ADDRESS					
STREET ADDRESS			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 changed, or on an attachment with an address.