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PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Apr 22, 1999 8:00 am  
Secretary of State

04-22-1999 90194 045 \*\*\*158.75

DOCUMENT # P93000085163

1. Corporation Name

MILEMARKER PRODUCTION, INC.

Principal Place of Business

210 174 ST.  
SUITE 701  
N MIAMI BEACH FL 33160  
US

Mailing Address

210 174 ST.  
SUITE 701  
NORTH MIAMI BEACH FL 33160  
US

2. Principal Place of Business

21 912 SOUTH SILVER CIRCLE

Suite, Apt. #, etc.

22  
City & State  
23 KEY LARGO, FL

24 Zip 33037 25 Country USA

2a. Mailing Address

26 912 SOUTH SILVER CIRCLE

Suite, Apt. #, etc.

27  
City & State  
28 KEY LARGO, FLORIDA

29 Zip 33037 30 Country USA

9. Name and Address of Current Registered Agent

THE LAW FIRM OF LAWRENCE J. SPIEGEL CHTRD  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/03/1994

4. FEI Number

65-0455562

Applied For

Not Applicable

5. Certificate of Status Desired

8

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

0

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year intangible  
Personal Property Tax.

0

Yes

No

10. Name and Address of New Registered Agent

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

TITLE CSP ☐ DELETE

NAME GLENNON, LOIS F.  
STREET ADDRESS 5411 PIERCE ST.  
CITY-STATE-ZIP HOLLYWOOD-FL

TITLE V ☐ DELETE

NAME GLENNON, THOMAS  
STREET ADDRESS 5411 PIERCE ST  
CITY-STATE-ZIP HOLLYWOOD-FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME  
1.3 STREET ADDRESS 912 SOUTH SILVER CIRCLE  
1.4 CITY-STATE-ZIP KEY LARGO, FL. 33037

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS 912 SOUTH SILVER CIRCLE  
2.4 CITY-STATE-ZIP KEY LARGO, FL. 33037

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-STATE-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 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 2 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Lois F. Glennon - LOIS GLENNON - 4/13/99 - 308-852-3554

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0233183