**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEFARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9400005118

1. Corporation Name

FRIENDS UNLIMITED PRODUCTIONS, INC.

## Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90073 028 \*\*\*150.00



Principal Flace of Business Mailing Address						_		<b>er</b> ini <b>se</b> rii el		
14608 N.W. 7TH AVE. MIAMI FL 03168		14608 N.W. 7TH AVE. MIAMI FL 33168								
100 Table 100 Ta					DO NOT WRITE IN THIS SPACE					
						1	e Incorporated or Qualife	d		
							<u> /21/1994                                    </u>			
2. Principal Pl	ace of Business	2a. Mailing Address				1	Number		<b>→</b>	lied For
21		26				65-	0462286			Applicable
Suite, Apt.:	#, etc.	Suite, Apt. #, etc.			5, Cert	tifcate of Status Desired		\$8.75		
22		27 City 6 City 6						Fee Re		
City & State		City & State			1	tion Campaign Financing	9 🗀	\$5.00	• •	
23		Zip Country			<del></del>	st Fund Contribution		Added	i) rees	
Zip				8. This corporation owes the Personal Property Tax.				irrent year	Yes	□No
24	25	[29]	30				ne and Address of New	Register	_ <del>_</del>	
	9. Name and Address of Curren:	vehisteren whalit		81	Name	10. 14411	TO UNIO PROGRESS OF MEN		18	
BIGG	SS, JUNIOR S									
	08 N.W. 7TH AVE.			82	Street Ad	ldress (P.O. B	Box Number is Not Accep	otable)		
MIAN	WI FL 33168		l	83			<del></del>		<del></del>	
				00						
				84	City		<del></del>	F	85 Zip (	Code
	to the provisions of Sections 607.0502		o the el		nomad at	rooration cub	mire this statement for th	-	- ' '	- anistered
office or re	egistered agent, or both, in the State o	f Florida. Such change was ३।	uthorized	by t	the corpora	ition's board o	of directors. I hereby acc	ept the app	ointment.as re	gistered
agent. I ar	n familiar with, and accept the obligat	ons of, Section 607.0505, Flor	ida Statu	ites.						
SIGNATUF'E		NOT -	B	<u> </u>		ired when reinstati	and	DATE		{
12.	Signature, typed or printed na ne of registered agent OFFICERS ANI		13.	Agent	signature requ		TIONS/CHANGES TO C		AND DIRECTO	ORS IN 12
TITLE	PD OF FIGURE	DELETE	1.1 TIT	 LE		7,001	11/10/0/11/11/02/0		Change	Addition
NAME	BIGGS, JUNIOR S		1.2 NAME							<b>\</b>
STREET ADDRESS	19624 N.W. 83RD PLACE		1.3 STREE		ADDRESS					
	MIAMI FL 33015		1.4 CITY- 9							İ
CITY-ST-ZIP TITLE	STD	□ DELETE	2.1 TITLE		- 211				Change	Addition
NAME	BIGGS, CAROLR C		2.2 NAME		İ					
	19624 N.W. 83RD PLACE		2.3 STREET AL		ADDRESS					
STREET ADDRESS	MIAMI FL			TY-\$1						\ \
CITY-ST-ZIP	VD	DELETE 317			-21-				Change	Addition
NAME	CHIN, HEWIE C.		3.2 NA		j-	·				
STREET ADDRESS	1051 NW 187 AVE				ADDRESS					- 1
i	PEMNBROKE PINES FL		3.4. CI							- 1
CITY-ST-ZIP TITLE	1 EMINDRONE FINEO VE	☐ DELETE	4.1 TH		1-211	<del>_</del> _			☐ Change	Addition
NAME		<del>-</del>	4. 2 N		ļ					}
					ADDRESS					1
STREET ADDRE IS			4.4 CIT							
CITY-ST-ZIP TITLE		☐ DELETE	5.1 TI	_	-215				☐ Change	Addition
			5.2 NA						_ ,	
NAME STREET ADDRESS					ADDRESS					j
			5.4 CIT							1
CITY-ST-ZIP TITLE		☐ DELETE	6.1 TIT			·			Change	Addition
		_ vereit	6.2 NA							
NAME OTDEET ADDDE: 0			ľ		ADDRESS					
STREET ADDRESS			6.5 C)							
CITY-ST-ZIP			040	1-31						

14. 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 1.2 or Block 13 if chapters, or on an attachment with an address, with all other like empowered.

SIGNATURE:

ewie

CR2E034 (11/98)