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

**PROFIT** CORPORATION **ANNUAL REPORT** 1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## **FILED** Feb 10 1998 8:00am Secretary of State

1. Corporation	MEIN # P940( BODUCTIONS, INC.	00008524 (8)				ALUN SENEL PANEL ITALI BIRK 1885
Principal Place	e of Business	Mailing Address		{	JIOI TUIDE OTIFO HARA OTOH IOOT	
3112 SAN JOSE TAMPA FL 33629		3112 SAN JOSE TAMPA FL 33629				
				DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified	
					01/24/1994	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For	
Suite, Apt. #, etc		South Apt # oto	Suite, Apt #, etc.		59-3227060	Not Applicable
22		27		5. Certificate of Status Desired	\$8.75 Additional Fee Regulred	
City & State		City & State			6. Election Campaign Financing	\$5,00 May Be
23		28			Trust Fund Contribution	Added to Fees
Zιρ	Country	7 <sub>(p</sub>	Country	1	8. This corporation owes or has paid the o	_ ' _ '
24	25 9 Name and Address of Cur	[29]	30		Personal Property Tax due June 30.  10. Name and Address of New Registere	Yes No
1 1274	<del></del>	Ioni neglatereo Agent	81	Name	10. Hallie and Address of New Hogistere	o vident
	n, Bill 2 San Jose			Over all find of	(0.0.0	
TAMPA FL 33629			62	Street Add	ress (P.O. Box Number is Not Acceptable)	
179	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		83			
			84	City		. 85 Zip Code
<ol> <li>Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statutes, the office or registered agent, or both, in the State of Florida, Such change was authorized.</li> </ol>					F	<b>L</b>
SIGNATURE	Signature, typied or proved name of registere t	agent and tilled applicable (NC AND DIRECTORS	DE Registered Ag	ent signature requi	ited when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	
TITLE	D	DELETE	11 TITLE			Change Addition
NAME	TURNER, J M		12 NAME			
STREET ADDRESS	3112 SAN JOSE		1.3 STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL 33629	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE			Change Addition
NAME			2.2 NAME			El civilgo El visores.
STREET ADDRESS	ESS		2 3 STREET ADDRESS			
CITY-ST-ZIP			2. 4 CITY - ST - ZIP			
TITLE	-	DELETE	3.1 TITLE		1 62	Change Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET			
CITY-ST-ZIP TITLE		3.4 DECETE 4.1		21-71,		Change Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET	l l		
CITY-ST-ZIP	4		4.4 CITY-5	ST - ZIP		
TITLE	DELETE 5.1		5.1 TITLE			Change Addition
NAME			5.2 NAME	ľ		
STREET ADDRESS			5.3 STREET			
CITY-ST-ZIP TITLE			5.4 CITY-5 6.1 TITLE	IT-ZIP		Change Addition
NAME			6.1 HILE			
STREET ADDRESS			6.3 STREET	ADDRESS		
CITY-ST-ZIP			64 CITY-5			

14. Thereby 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 13 if changed or on an attachment with an address.

SIGNATURE: