


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

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90182 049 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P94000028866					
1. Corporation Name PENNYWISE PRODUCTIONS, INC.					
Principal Place of Business 1151 SW 109 LANE DAVIE FL 33324			Mailing Address 1151 SW 109 LANE DAVIE FL 33324		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/14/1994	
21		26		4. FEI Number 65-0597538	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
23		28			
Zip Country		Zip Country			
24		29		30	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
THERIAULT, FRANCIS P 1151 SW 109 LANE DAVIE FL 33324			81	Name	
			82	Street Address (P.O. Box Number is Not Acceptable)	
			83		
			84	City	85
			FL		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	PTD	<input type="checkbox"/> DELETE			
NAME	THERIAULT, FRANCIS P				
STREET ADDRESS	1151 SW 109 LANE				
CITY-ST-ZIP	DAVIE FL 33324				
TITLE	VD	<input type="checkbox"/> DELETE			
NAME	LEWIS, ROBYN J				
STREET ADDRESS	6718 RALIEGH STREET				
CITY-ST-ZIP	WEST HOLLYWOOD FL 33024				
TITLE	SD	<input type="checkbox"/> DELETE			
NAME	ROULSTON, RUTH				
STREET ADDRESS	9711 EVERGREEN PLACE				
CITY-ST-ZIP	FT LAUDERDALE FL 33324				
TITLE	SD	<input type="checkbox"/> DELETE			
NAME	ROULSTON, RUTH				
STREET ADDRESS	9711 EVERGREEN PLACE				
CITY-ST-ZIP	FT LAUDERDALE FL 33324				
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)