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

DOCUMENT # **P94000054899 (7)**

DREAMLAND PRODUCTIONS, INC.

FILED Feb 10 1998 8:00am Secretary of State



Principal Place	of Business	Mailing Addr	ess				-		
2063 REGAL L	14								
OVIEDO FL 32	765	GOLDENHOU	GOLDENROD FL 32733-1114				DO NOT WRITE IN THIS SPACE		
							3. Date Incorporated or Qualified		
							07/22/1994		
2. Principal Pl	ace of Business	2s. Mailing A	ddress				4. FEI Number		Applied For
21		26					59-3167042	1	Not Applicable
Suite, Apt i	#, etc	Suite, Ap	t #, etc.				5. Certificate of Status Desired		Additional
22		27					g, Commeans of Status Besides	Fee F	Required
City & State	City & Sta	City & State				6. Election Campaign Financing		O May Be	
23		28					Trust Fund Contribution		d to Fees
Zip	Country Zip		Country				8. This corporation owes or has paid the current year Intangible		
24	[25] [29]			[30]			Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent		
	g, Name and Address of Curi	ent Registered Age	nt 		ηT	Name	10. Name and Address of team negistered	Naur	
	/, JEFFERY			"	"	Name			
	3 REGAL LANE			8	2	Street Addre	ess (P.O. Box Number is Not Acceptable)		
OVI	EDO FL 32765			ـ ا	3				
				"	٦				
i				8	4	City	F	85 Zir	p Code
	16. 4	and cot trop t	toride Statute	on the abo		named corp	aration submits this statement for the surrose	of changing	its registered
office or re agent. I ar	egistered agent, or both, in the St m familiar with, and accept the ob-	ite of Llonda. Such o ligations of, Section (hange was a 507.0505, Flo	uthorized stida Statut	by tes.	the corporation	ion's board of directors. I hereby accept the ap	pointment a	is registered
SIGNATURE									
	Signature, typical or printed name of registered		(NO11		Agent	I signature require	ed when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTO	3DC IN 12
12.	PD	ND DIRECTORS	DELETE	13.			ADDITIONS/CHANGES TO OFFICERS A	Change	
1 1	GAY, JEFFREY	_	J pecene	1.2 NAM					
NAME	2863 REGAL LANE					ADDRESS			
STREET ADDRESS	OVIEDO FL 32765			1.4 CITY					
CITY-ST-ZIP TITLE	VD VD		DETETE	21 TITU		- 217		Change	e Addition
NAME	GAY, CONNIE	-		2.2 NAM					_
STREET ADDRESS	2863 REGAL LANE					ADDRESS			
1 1	OVIEDO FL 32765			2.4 CIT		i			
CITY-ST-ZIP TITLE	CTIEDO TE GETOG	-	DELETE	3.1 TITL		F"		Change	a Addition
NAME		_	-	3.2 NAM				-	
STREET ADDRESS						ADDRESS			
CITY-ST-ZIP				3.4 CIT					
TITLE			DELETE	4.1 TITE				Change	e Addition
NAME				4. 2 NA	ME				
STREET ADDRESS				4.3 STRE	EET A	NODRESS			
CITY-ST-ZIP				4.4 CFTY	- ST-	- ZIP			
TITLE			DELFTE	5.1 TITL	E			☐ Change	e 🔲 Addition
NAME				5.2 NAM	16				
STREET ADDRESS				5 3 S1R	EET A	ADDRESS			
CITY-\$T-ZIP				5.4 CiTy	/- ST-	- ZIP			
TITLE			DELETE	61 TITL	E			Change	e 🔲 Addition
NAME				6.2 NAM	AE.				
STREET ADDRESS				6.3 STR	EET A	NDDRESS			-
CITY-ST-ZIP				6.4 CITY	/-SI	- ZiP			_

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 suppliemental 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 attainment with an address.