## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

## PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

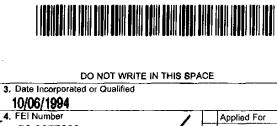
DOCUMENT # P94000075178 (1)

REEL NEGATIVE, INC.

1998

Principal Place of Business	Mailing Address
1110 MEADOW LAKE WAY	1110 MEADOW LAKE WAY
APT #102	APT #102
WINTER SPRINGS FL 32708	WINTER SPRINGS FL 32708
US	US

FILED Jul 30 1998 8:00am Secretary of State



	_			10/06/1994			
	lace of Business	2a. Mailing Address	TER LAN	4. FEI Number	Applied For		
21 114	COTTER LANG		I EIC CA		Not Applicable		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & Stat	EER S.C.	City & State	SC	6. Election Campaign Financing  Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip	Country	Zıp	Country	8. This corporation owes or has paid the cu	rrent year Intangible		
24 79650-2586 25 US 29 29650-2586 30			o US	Personal Property Tax due June 30.	Yes No		
9, Name and Address of Current Registered Agent				10. Name and Address of New Registered	Agent		
WILSON, MITCHELL   81   Name							
1110 MEADOW LAKE WAY				Street Address (P.O. Box Number is Not Acceptable)			
APT #102				KY PATTER LANCE			
WINTER <b>\$PRINGS</b> FL 32708							
ļ			04 09 5				
			84 City	<del>lee</del> l fi	85 Zip Code		
11. Pursuant to the provisions of sections of 7.0507 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 this State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am amplifier with, and applications of section 607.0505, Florida Statutes.							
110 40 10 11 111 12 12 1							
SIGNATURE	Signature, typed or printed parts of registered agent an	d tille if applicable (NOTE	Registered Agent signature	e required when reinslating) DATE			
12.	OFFICERS AND I	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12		
TITLE	PTR /	DELETE	1.1 TITLE		Change Addition		
NAME	WILSON, MITCHELL	22	1,2 NAME				
STREET ADDRESS	1110 MEADOW LAKE WAY, APT	<b>#</b> 102	1.3 STREET ADDRESS	114 COTTER LANG			
CITY-ST-ZIP	WINTER SPRINGS FL		1.4 CITY-ST-ZIP	GREER, S.C. 29650-	25.86		
TITLE	VTR	DELETE	2.1 TITLE		enange Addition		
NAME	WILSON, CHARLOTTE		2.2 NAME				
STREET ADDRESS	1110 MEADOW LAKE WAY, APT	<b>#</b> 102	2.3 STREET ADDRESS	114 COTTER LANG			
CITY-ST-ZIP	WINTER SPRINGS FL		2.4 CITY-ST-ZIP	CORER SC 29650	2586		
TITLE		DELETE	3.1 TITLE	5/70	Change Addition		
NAME			3.2 NAME	DEAN POWELL			
STREET ADDRESS			3.3 STREET ADDRESS	2786 CHERY FORD Rd	_		
CITY-ST-ZIP			3.4 CITY-ST-ZIP	orlando fla 3280	و)		
TITLE		DELETE	4.1 TITLE		Change Addition		
NAME			4.2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP	4		4.4 CITY-ST-ZIP				
TITLE		DELETE	5.1 TITLE		Change Addition		
NAME	3,		5.2 NAME				
STREET ADORESS			5.3 STREET ADDRESS		İ		
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		DELETE	6.1 TITLE		Change Addition		
NAME			6.2 NAME		-		
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP		 	6.4 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 frustee Appowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if diagnost or of an attachment with an indicess.

SIGNATURE

uddell Wilson

7-23-98 877-1445