

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).

FILED

Jul 30 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P94000075178 (1)  
1. Corporation Name

REEL NEGATIVE, INC.



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

Mailing Address  
1110 MEADOW LAKE WAY  
APT #102  
WINTER SPRINGS FL 32708  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/06/1994

4. FEI Number  
59-3275623

Applied For  
Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 114 COTTER LANE

26 114 COTTER LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 GREER S.C.

28 GREER SC

24 Zip Country

29 Zip Country

25 29650-2586 US

30 29650-2586 US

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WILSON, MITCHELL  
1110 MEADOW LAKE WAY  
APT #102  
WINTER SPRINGS FL 32708

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

114 COTTER LANE

83

84 City

GREER

FL

85 Zip Code

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 agree to the obligations of section 607.0505, Florida Statutes.

SIGNATURE *Mitchell Wilson*  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

7/23/98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PTR ☐ DELETE

NAME WILSON, MITCHELL  
STREET ADDRESS 1110 MEADOW LAKE WAY, APT #102  
CITY-ST-ZIP WINTER SPRINGS FL

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

114 COTTER LANE  
GREER, S.C. 29650-2586

TITLE VTR ☐ DELETE

NAME WILSON, CHARLOTTE  
STREET ADDRESS 1110 MEADOW LAKE WAY, APT #102  
CITY-ST-ZIP WINTER SPRINGS FL

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

114 COTTER LANE  
GREER SC 29650-2586

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

S/ TR  
DEAN POWELL  
2786 CUREY FORD RD  
ORLANDO FLA 32806

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 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.

SIGNATURE: *Mitchell Wilson*

7-23-98 1-864  
877-1445

CR2E034 (5/98)