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 # P95000012731 (2)

TIGER'S EGG PRODUCTIONS, INC.

FILED May 18 1998 8:00am Secretary of State



Principal Place of Business	Mailing Address) (ADDIAND) IED (DER) DEITE DAIES DOUST ODLITE DET	81 SIMIM TURIE UNING TIONU 11861 6061
500 NE SPANISH RIVER BLVD SUITE 201 BOCA RATON FL 33431	500 NE SPANISH RIVER SUITE 201 BOCA RATON FL 33431	BLVD	DO NOT WRITE IN 1	HIS SPACE
			3. Date Incorporated or Qualified	
2. Principal Place of Business	2s. Mailing Address		02/14/1995 4. FEI Number	T T:
21	26			Applied For
Suite, Apt. #, etc.	Suite, Apt. #, etc.		65-0562139	Not Applicable \$8.75 Additional
22	27		5. Certificate of Status Desired	Fee Required
City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
23	28		Trust Fund Contribution	Added to Fees
Zip Country	τ	Country	8. This corporation owes or has paid the	
25	29	30	Personal Property Tax due June 30.	X Yes No
9, Name and Address of Current	Registered Agent	B1 Name	10. Name and Address of New Registe	red Agent
HAIGHT, CAROL B		I Ivailie	·	
370 W CAMINO GARDENS BLVD SUITE 300		82 Street Addr	ress (P.O. Box Number is Not Acceptable)	
BOCA RATON FL 33432		83		
BOOM PATON FL 33432				
		84 City		FL 85 Zip Code
11. Pursuant to the provisions of Sections 607,0502	and 607.1508, Florida Statute	es, the above-named corp	voration submits this statement for the nurne	oo of phanaina ita registered
office or registered agent, or both, in the State of agent. I am familiar with, and accept the obligation	if Houda, Such change was a	uitoorized by the cornerat	ion's board of directors. I hereby accept the	appointment as registered
SIGNATURE		orda Statutos.		
Signature typed or proded name of respected agree	and title dapplicable (NOTE	Registered Agent signature requir	red when reinstating) DA	TE -
12. OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS	
TITLE D	☐ DELETE	1.1 TITLE		Change Addition
NAME LANDIS, ANITA	CLUTE OO4	1.2 NAME		
STREET ADDRESS 500 NE SPANISH RIVER BLVD CITY-ST-ZIP 80CA RATON FL 33431	SUITE 201	1.3 STREET ADDRESS		
CITY-ST-ZIP BOCA RATON FL 33431	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		Change Addition
NAME AULT, LEON		2.2 NAME		T CHRUSE T MOREOU
STREET ADDRESS 500 NE SPANISH RIVER BLVD	SUITE 201	2.3 STREET ADDRESS		
CITY-ST-ZIP BOCA RATON FL 33431	00112 201	2. 4 CITY-ST-ZIP		
TITLE	DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREFT ADDRESS		
CITY-ST-ZIP		3.4. CITY-SY-ZIP		
TITLE	DELETE	4.1 TITLE		Change Addition
NAME		4. 2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE	☐ DELETE	5.1 TITLE		Change Addition
NAME ETBEST ADDRESS		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	☐ DELETE	5.4 CITY - ST - ZIP 6.1 TITLE		Change Addition
NAME	_ DECENT	6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6 4 CITY-ST-ZIP		
14. Thereby certify that the infortration supplied with	this filing does not quality for	r the exemption stated in	Section 119.07(3)(i), Florida Statutes. I furthe	er certify that the information
14. Thereby certify that the information supplied with indicated on this annual report of supplemental officer or director of the corporation or the received block 12 or Block 13 if changed, or or an attact	annyal report is true and accure or trustee empowered to e	rate and that my signatur xecute this report as requ	re shall have the same legal effect as if mad uired by Chapter 607, Florida Statutes; and the	e under oath; that I am an nat my name appears in