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

PROFIT CORPORATION ANNUAL REPORT

1998

STREET ADDRESS

officer or director of the corporation Block 12 or Block 13 if changed, or

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000022440 (8)

BOB HARPER PRODUCTIONS, INC.

303 1														
Principal Place of Business				Mailing Address					1 1881/801 1/8 /0/8/ DIII/ DI	ilia fi lmi bi an bi				/III IIII
8594 WATER OAK PLACE TEQUESTA FL 33469				8594 WATER OAK PLACE TEQUESTA FL 33469					DO NOT WRITE IN THIS SPACE					
									3. Date Incorporated or C	lualified				
2. Principal Place of Business				2a. Mailing Address					03/20/1995 4. FEI Number	· · · · · · · · · · · · · · · · · · ·		$\neg \neg$	Ann	lied For
21				26					65-6059568					Applicable
Suite, Apt. #, etc.				Suite, Apt. #, etc.						esired	 1	\$8.7	5 Ad	ditional
22				27					5. Certificate of Status De	sirea L	J	Fee	Requ	uired
City & State				City & State					6. Election Campaign Fin					fay Be
23			26						Trust Fund Contribution					Fees
Ziρ		Country		Zip		untry	1		8. This corporation owes	•		nt year Yes	Intan	- :
24	6 Name	and Address of Curren	29	tered Agent	30	1			Personal Property Tax 10. Name and Address o					140
9, Name and Address of Current Registered Agent							Name		ID, Hallo and Floations			,		
STEWART, JAMES M 1211 THE PLAZA							- Cr	A	- (D.C. Day M. sub-asia Nat	A a a a su b a la la l				
SINGER ISLAND FL 33404						82	Street	Addres	ss (P.O. Box Number is Not	Acceptable)				
Olly	IOLEN IOLAI	10 1 6 00404				83								
						84	City		·			85 Z	ip Co	nde
							Oily				FL.		,p 00	
office or re	enistered ad	ent, or both, in the State	of Florid	da. Such change was	authorize	d by	the corp	corpo	ration submits this statemen n's board of directors. I here	t for the purpo by accept the	ose of c	hanging intment	g its re	registered gistered
agent. La	m familiar wi	th, and accept the obliga	ations of	, Section 607.0505, F	lorida Sta	tutes	3.							
SIGNATURE	Signature Ivoed	or prioted name of registered age	nl and lifle	if applicable. (NC	TE: Registere	ed Age	ni signature	required	when reinslating)	D	ATE			
12.		OFFICERS AN			13.				ADDITIONS/CHANGES	TO OFFICERS	S AND I	DIRECT	ORS	IN 12
TITLE	D			DELETE	1.1 1	ITLE			•			Chang	e	Addition
NAME HARPER, ROBERT J					1.2 A	AME								
STREET ADDRESS 6508 WINDING LAKE DR.			1			1.3 STREET ADDRESS								
CITY-ST-ZIP	JUPITER	FL 33458				HTY-S	T-ZIP					٦		
TITLE	0			DELETE	2.1 T						L	Chang	Ð	Addition
NAME		, JOYCE A				AME								
STREET ADDRESS 6508 WINDING LAKE DR.							ADDRESS							
CITY-ST-ZIP	JUPITER	FL 33458		☐ DELETE		CITY - S	ST-ZIP			<u>-</u>	r 1	Chang	10	Addition
TITLE					3.1 1	AME	ĺ				L	T ALIGHA	ν (Last Novilloid
NAME							ADDRESS							
STREET ADDRESS						OTY-S	- 1							
CITY-ST-ZIP TITLE	-		·	DELETE	4.1 7)1- ZH					Chang	e	Addition
NAME				_	4.28	NAME						•		
STREET ADDRESS					4.3 S	TREET	ADDRESS							
CITY+ST-ZIP						ITY-S								
TITLE				DELETE	5.1 T	ITLE			•			Chang	e	Addition
NAME					5.2 N	AME								
STREET ADDRESS					5.3 S	TREET	ADDRESS							
CITY-ST-ZIP	·				5.4 0	ITY-S	T-ZIP					_		
TITLE			-	DELETE	6.1 T	ITLE						Chang	e	Addition
NAME					6.2 N	AME								

6.3 STREET ADDRESS

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 of the corporation of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

FILED

Mar 03 1998 8:00am

Secretary of State