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Jan 20 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 # P95000027036 (9)

1. Corporation Name

BOARDWALK PRODUCTIONS, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

505 GREENWOOD AVE SE
LEHIGH ACRES FL 33906
US

505 GREENWOOD AVE
SUITE 310
LEHIGH ACRES FL 33972
US

2. Principal Place of Business

2a. Mailing Address

21 505 Greenwood Ave.

26 505 Greenwood Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

23 Lehigh Acres FL

28 Lehigh Acres FL

24 33972 25 US

29 33972 30 US

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WALSH, LINUS J
505 GREENWOOD AVE
LEHIGH ACRES FL 33972

81 Name Walsh, J. Linus
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City 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 accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PSTD
NAME WALSH, LINUS J
STREET ADDRESS 505 GREENWOOD AVE
CITY-ST-ZIP LEHIGH ACRES FL

1.1 TITLE
1.2 NAME Walsh, J. Linus
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE VD
NAME WAFLER, S. JANE
STREET ADDRESS 505 GREENWOOD AVE
CITY-ST-ZIP LEHIGH ACRES FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
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 [Signature] 041-21-9 951-7

CR2E034 (10/97)