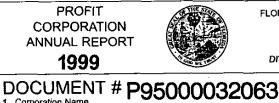
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

May 05, 1999 8:00 am Secretary of State

05-05-1999 90038 050 ***150.00

OILVEIT O	CREEN CINEMA CAFE, IN	IC.						
Principal Place	o of Business	Mailing Address			- 1986 1981 1.0 (878) 89 1	I BURIN HOIBU UNR		
	*	12795 W FOREST HILL BLVD						
2795 W FOREST HILL BLVD 12795 W FOREST HILL BLVD WELLINGTON FL 33414 WELLINGTON FL 33414								
TELLINGTON TE SOFT					DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed			}
					04/20/1995	. <u> </u>	 _	
2. Principal P	lace of Business	2a. Mailing Address		_	4. FEI Number			pplied For
21		26			65-0565905	 		ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired			Additional equired
22		27			<u> </u>			
City & State	e	City & State			6. Election Campaign Financing			May Be
23		28			Trust Fund Contribution			to Fees
Zip	Country	Zip	Country		8. This corporation owes the curr		gible EYes	□No
24	25		10		Personal Property Tax. 10. Name and Address of New I			
	9. Name and Address of Curre	ent Registered Agent	81	Name	10. Name and Address of New I	togiojerou za		
RELL	, steven		["					
	LINDSEY COURT		82	Street Addre	ess (P.O. Box Number is Not Accepta	able)		ļ
	INGTON FL 33414		83					
WELL	MOLÓN E 20414		63					
			84	City			85 Zip	Code
				L	oration submits this statement for the	<u> </u>	<u> </u>	
office or r	registered agent, or both, in the Stat im familiar with, and accept the oblig	te of Florida. Such change was aut	honzed by	the corporatio	n's board of directors. I hereby acce	pt the appoint	ment as re	egistered
CICNATURE	•	,						
SIGNATURE	Signature, typed or printed name of registered as			t signature required		DATE		
SIGNATURE	OFFICERS A	gent and title if applicable. (NOTE: R	Registered Agen		when reinstating) ADDITIONS/CHANGES TO OF	FICERS AND	_	
12.	OFFICERS A	gent and title if applicable. (NOTE: R	13.			FICERS AND	DIRECTO	ORS IN 12
12. TITLE NAME	P BELL, STEVEN	gent and title if applicable. (NOTE: R	Registered Agen			FICERS AND	_	
12. TITLE NAME	P BELL, STEVEN 1720 LINDSEY COURT	gent and title if applicable. (NOTE: R	13.	it signature required		FICERS AND	_	
12. TITLE NAME	P BELL, STEVEN	gent and title it applicable. (NOTE: R AND DIRECTORS	13. 1.1 TITLE 1.2 NAME	it signature required		FICERS AND	☐ Change	□Āddition
12. TITLE NAME STREET ADDRESS	P BELL, STEVEN 1720 LINDSEY COURT	gent and title if applicable. (NOTE: R	13. 1.1 TITLE 1.2 NAME 1.3 STREET	it signature required		FICERS AND	_	
12. TITLE NAME STREET ADDRESS CITY- ST- ZIP TITLE NAME	P BELL, STEVEN 1720 LINDSEY COURT WELLINGTON FL 33414 V VANINO, ELIZABETH	gent and title it applicable. (NOTE: R AND DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-SI	it signature required		FICERS AND	☐ Change	□Āddition
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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, with all other like empowered. CITY-ST-ZIP.

SIGNATURE:



CR2E034 (11/98)

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