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

**PROFIT** CORPORATION ANNUAL REPORT

1998



## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000049878 (8)

MUNRO PRODUCTIONS, INC.

## **FILED** Mar 30 1998 8:00am Secretary of State



Dringing Ding	o of Dunings	Mailwa Address			
Principal Place of Business Mailing Address  5555 N.W. 95TH AVE. 5555 N.W. 95TH AVE.  SUNRISE FL 33351 SUNRISE FL 33351					
OUIWISC PL	33331	SUMMOE PL 33331		DO NOT WRITE IN THIS SPACE	
}				3. Date Incorporated or Qualified	
				06/23/1995	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number Applied For	
21		26		<b>65-0590794</b> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired S8.75 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	
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible	
24	25		30	Personal Property Tax due June 30.  Yes No	
				10. Name and Address of New Registered Agent	
	ISSON, A.J.		81 Nam	е	
5555 N.W. 95TH AVE.			82 Stree	et Address (P.O. Box Number is Not Acceptable)	
SU	NRISE FL 33351				
			63		
			84 City	85 Zip Code	
			1 1 - ",	<b>FL</b>	
agent La SIGNATURE	m familiar with, and accept the othly Signature, typed or printed age.	gations of, Section 607,0505, Flo	rida Statutes.	od corporation submits this statement for the purpose of changing its registered proporation's board of directors. I hereby accept the appointment as registered use required when reinsteing?  DATE	
12.	OFFICERS AN	VD DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition	
NAME	MUNRO, MAX		1.2 NAME		
STREET ADDRESS	5555 N.W. 95TH AVE.		1.3 STREET ADDRES	S	
CITY-ST-ZIP	SUNRISE FL 33351		1.4 CITY - ST - ZIP		
TITLE	VS	DELETE	2.1 TITLE	Change Addition	
NAME	MAC DONALD, JOHN S		22 NAME		
STREET ADDRESS	5555 N.W. 95TH AVE.		2.3 STREET ADDRES	S	
CITY-ST-ZIP	SUNRISE FL 33351		2. 4 CITY-ST-ZIP	1 / W	
TITLE	VT	☐ DELETE	3.1 TITLE	Change Addition	
NAME	WASSON, A.J.		3.2 NAME		
STREET ADDRESS	5555 N.W. 95TH AVE.		3.3 STREET ADDRES	5	
CITY-S1-ZIP	SUNRISE FL 33351	T nevere	3.4. CITY-ST-ZIP		
TITLE	S PHODELL ENELVAL	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition	
NAME	BURRELL, EVELYN		4. 2 NAME		
STREET ADDRESS	5555 N.W. 95TH AVE.		4.3 STREET ADDRES	8	
CITY-ST-ZIP	SUNRISE FL 33351		4 4 CITY - ST - ZIP		
TITLE		☐ DELETE	5 1 TITLE	Change Addition	
NAME			5.2 NAME		
STREET ADDRESS			5 3 STREET ADDRES	S	
CITY-ST-ZIP		T Briber	5.4 CITY - ST - ZIP		
TITLE		DELETE	6.1 TITLE	Change Addition	
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRES	5	
CITY-ST-ZIP			6.4 CITY - ST - ZIP		

14. Thereby 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 eath; that I am an officer or director of the conformation 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:

954-741-7300