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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE NAME

TITLE

NAME



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # **P95000053374** (1)

**OUTER LIMITS PRODUCTIONS, INC.** 

226 W KING STREET COCOA FL 32922	226 W KING STREET COCOA FL 32822-7940		·	
			3. Date Incorporated or Qualified 07/05/1995	3a. Date of Last Report 08/22/1996
2. Principal Place of Business 21 2366. King St.	28. Mailing Address 26 20 W.	Kingst.	4. FEI Number  APPLIED FOR 59-35	Applied For Not Applicable
Sulte, Apt. #, etc. J	Suite, Apt. #, etc.	J	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State 23 Cocco, FL	City & State	=L	Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
24 33922 25 Country 25 U.S.A.		Country 10		Yes 🔲 No
9. Name and Address of Currer	nt Registered Agent		10. Name and Address of New Reg	Istered Agent
JOHNSON, RANDY  81 Name Darrow Dooley				
208 HWY A1A 82 Street Address (P.O. Box Number is Not Acceptable				e)
SATELLITE BEACH FL 32937		220	e W. King St.	
		83	J	
		84 City		85 Zip Code
44.0	1.007.1600.51		coa	FL 1 3262
11. Pursuant to the provisions of Sections 607.050 office or registered agent, or both, in the State	of Florida. Such change was au	thorized by the corporat	poration submits this statement for the pution's board of directors. I hereby accept	rpose of changing its registered the appointment as registered
agent. I am familiar with, and accept the oblig	Dame C	. Dependior	porade Sociatory) 1-	10-917
Signature, typod or printed name of registered are	▼T and title if applicable (NOTE:	Registered Agent signature requi	d when reinstating)	DATE TO TOP IT IS
12. OFFICERS AN	D DIRECTORS  DECETE	13.	ADDITIONS/CHANGES TO OFFICE	Change Addition
ISTANDAM CALMO	☐ berete	1.1 TIPLE		Circliange Circliange
AŠK (Miles) Lak		1.2 NAME		
CATCLL OF BEACH EL GOOT	/	1.3 STREET ADDRESS		
	DELETE	1.4 C(TY - S1 - Z)P	· 7 - 4 - 4	Change Addition
"""   Y X	• • • • • • • • • • • • • • • • • • •	2.2 NAME	ce President	_ , _
NAME Christopher R. MIL STREET ADDRESS 1,000 LAKEMOOR BWI	NASE	2.3 STREET ADDRESS	5 Denfound Harbor Dr	•
CITY-ST-ZIP DOCKUSOGS, FL 325		2 4 CiTY-ST-ZIP	critIst. FL 32952	
TITLE Socretary	DELETE	3.1 TITLE	WILL 2311 1 FC 02132	Change Addition
NAME DAMON C. Depen		3.2 NAME		4
STREET ADDRESS 335 Newfound Harto	i Da	3.3 STREET ADDRESS		
CITY-ST-ZIP Marritt ISI FL 3		3 4. CITY-ST-ZIP		
TITLE Treasurer	DELETE	4.1 TOLE		Change Addition
NAME Randell L. DeDew	_ )	4. 2 NAME		• · ·

14. I do heroby 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 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.

64 City - ST - ZIP

4.3 STREET ADDRESS

5.3 STREET ADDRESS

63 STREET ADDRESS

54 CITY - ST - ZIP

4.4 City - \$t - Zip

5.1 TO LE

6.1 TITLE

62 NAME

( ) - 1-10-97 (100) 11511 and

Change

☐ Change

Addition

Addition

**FILED** 

Aug 20 1997 8:00am

Secretary of State