SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

,PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000086038 (3)

F.MEDINA SCENERY, INC.

FILED

97 SEP 15 AM 9: 05

SECULIARY OF STATE TALLAHASSEE, FLORIDA

			· · · · · ·				
Principal Place of Business Mailing Addres			S		i ingrings tië thist thist detit Shire ed	i i i derbi ellere Berre Elleb tifft	1811 (33)
1619 FOXOREEK LANE		1619 FOXOREEK LANE					
APOPKA FL 32	703	APOPKA FL 32703			DO NOT WRITE	IN THIS SPACE	
					3. Date Incorporated or Qualified	3a. Date of Last Reg	port
					11/08/1995	03/06/1996	
2. Principal Pla	ce of Businoss	2a, Mailing Address			4, FEI Number		lied For
21		26			59-3344166	Not	Applicable
Suite, Apt. #	, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	□ \$8.75 Ad	Iditional
22		27	- 		b. Cermicate of Status Desired	Fee Req	uired
City & State		City & State			6. Election Campaign Financing	\$5.00 M	
23		28			Trust Fund Contribution	Added to	
Zip	Country	Ziρ	Country	•	8. This corporation owes or has pa		- 1
24	25 9. Name and Address of Curren		30		Personal Property Tax due June 10. Name and Address of New Re		NO
010		it undiatolog vilout	81	Name _	10. Name and Address of New Ne	Alatoton Whour	
	LISLE, BONALD W LSILVER STAR RD.		L	FE	RNANDO MEDINA	424	
		82 Street Address (P.O. Box Number is Not Acceptable)					
بالمرز	ANDO FL 32808-3935		83	161	19 FOXCRETK LAN	<u> </u>	
			00	AP	OPKA, FLA 327	703	l
1	v		84	City		FL 85 Zip Co	ode
44 Purcupat to	the provisions of Englishs 607.050	2 and 607 1509 Florida Statuto	o the abov	o named core	poration cultimite this gratament for the r	FL	registered
office or re-	gistered agent, or beth, in the State	of Plorida. Such change was a	uthorized by	the corporal	poration submits this statement for the particular tion's board of directors. I hereby accel	of the appointment as re	gistered
agent. I am	familiar with, and accept the obliga	aligns of, Section 607.0505, Flo	rida Statute	3.	6	1/11/07	i
SIGNATURE _	Ignature, lyped of ponted name of registered age	INOTE	Registered Age	od eignatum reguit	red when reinstating)	DATE	
12.		D DIRECTORS	13.	ur aid rarnie redon	ADDITIONS/CHANGES TO OFFIC	<u> </u>	IN 12
TITLE	P	☐ DELETE	1.1 TITLE			Change	Addition
NAME	MEDINA, FERNANDO		1.2 NAME		4000023	<u> </u>	1
STREET ADDRESS	1619 FOXCREEK LANE		1.3 STREET ADDRESS		-09/17/	970110302	25 <u>.</u>]
CITY-ST-ZIP	APOPKA FL 32703		1.4 CITY - ST - ZIP		****16	5.00 ****165).UU
TITLE	V DELETE		2.1 TITLE			☐ Change	☐ Acdition
NAME	MEDINA, KIM		2.2 NAME				
STREET ADDRESS	1819 FOXCREEK LANE		2.3 STREET	ADORESS			1
CITY-ST-ZIP	APOPKA FL 32703		2. 4 CITY-	ST-ZIP			
TITLE	\$	DELETE	3.1 TITLE			☐ Change	Addition
NAME	CARLISLE, RONALD W	•	3.2 NAME				
STREET ADDRESS	2731 SILVER STAR RD.		3.3 STREET	ADDRESS			1
CITY-ST-ZIP	ORLANDO FL 32808		3.4 CITY	ST-7IP			
filire .		☐ DELETE	4.1 TITLE			☐ Change	Addition
NAME			4.2 NAME				Ì
STREET ADDRESS			4.3 STREET	ADDRESS			
CITY-ST-ZIP			4.4 CITY - 9	I - ZIP			
TITLE		☐ DELFTE	5.1 TITLE	1		☐ Change	Addition
NAME			5.2 NAME)			}
STREET ADORESS			5.3 STREET	ADDRESS		50 . 10 =	p1
CITY-ST-ZIP			5.4 CITY - S	T-ZIP		5cg-17-	7_/
TITLE		☐ DELETE	61 TITLE			☐ Change	☐ Addition ☐
NAME			62 NAME	1			
STREET ADDRESS			6.3 \$1REET	ADDRESS			
CITY-ST-ZIP			6.4 CITY - 5	1-21P			

14. I do 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 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 employees to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed of the an alteration of the corporation of the receiver of trustee employees.

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5/01



1701 ACME STREET ORLANDO, FL 32805

PHONE: 407-422-1701 FAX: 407-422-1707

F. MEDINA SCENERY, INC.

August 25, 1997

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

To whom it may concern:

I spoke with an employee today and they mentioned to send a brief explanation as to the reason for the change in the amount due at this time.

Enclosed please find check #651 in the amount of \$165.00 for the 1997 Profit Corporation Annual Report filing fee.

The original check must have been lost in the mail for the first notice which was paid with check number 460 on March 31, 1997. Enclosed is a copy of this document sent.

If there are any questions please call me at 407-422-1701.

Sincerely,

Kathy Nichols F Medina Scenery/Administrator

RE: 1997 Annual Report