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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000008511

1. Corporation Name

SUNDAN	NCE PRODUCTIONS, INC.										
Principal Place	e of Business	Mailing Ad	dress				1	i indiiddi ilž (diin oxii) sairi o		DIOLIQIO: Altol	{
534 W 46TH ST 534 W 46TI							DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed				
		1 2- 14-25-						01/26/1996 FEI Number		An	olied For
Principal Place of Business Address Address Address			Address				1	65-0641071			Applicable
			Apt. #, etc.							\$8.75 A	
22 27				., 5.6.				Certifcate of Status Desired		Fee Re	
City & State	e	City &	State			-	6.	Election Campaign Financing		\$5.00	May Be
23		28					1	Trust Fund Contribution		Added to	
Zíp 24	Country 25	2ip	30	Country	у			This corporation owes the cur Personal Property Tax.	rent year Inta	ingible ☐ Yes	⊠No
24	9. Name and Address of Curren						10.	Name and Address of New	Registered A	\gent	
		*		81	1 Na	ame					ļ
	IWARZ, HENRIETTA			82	2 St	reet Addre	ess (P	O. Box Number is Not Accept	able)		
534 W 46TH ST				62 Street Addi							
MIAI	MI BEACH FL 33140			83	3					•	
į				84	4 Ci	ty			FL	85 Zip C	Code
	•										
office or r agent. I a	to the provisions of Sections 607.050: egistered agent, or both, in the State m familiar with, and accept the obligat	of Florida' Such	i channe was auth	ionzea ov	v ine	med corpo corporation	oration on's bo	submits this statement for the ard of directors. I hereby acce	purpose of pt the appoir	changing its	registered gistered
l office or c	egistered agent, or both, in the State in familiar with, and accept the obligation Signature, typed or printed name of registered agen	of Florida: Such tions of, Section at and title if applicable	n change was auth n 607.0505, Florida n. (NOTE: Re	a Statutes	y the s.	med corpo corporation	1 when re	instating)	purpose of pt the appoir	unem as reg	gistered
office or ragent. I a SIGNATURE 12.	egistered agent, or both, in the State in familiar with, and accept the obligation of the state of registered agent of the state of the stat	of Florida: Such tions of, Section	n change was auth n 607,0505, Florida n. (NOTE: Re	a Statutes	y the ent sign	corporation	1 when re	ard of directors. Thereby acce	purpose of pt the appoir	D DIRECTO	RS IN 12
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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, with all other like empowered.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

□ DELETE

Change

☐ Addition