

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

FILED
Feb 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P96000051203 (3)

1. Corporation Name
HEADLINES STUDIO'S INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business: 1239 S SUNCOAST BLVD STE #12 HOMOSASSA FL 34448 US

Mailing Address: 1239 S SUNCOAST BLVD STE #12 HOMOSASSA FL 34448 US

3. Date Incorporated or Qualified: **06/13/1996**

4. FEI Number: **59-3384576**

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business

2a. Mailing Address

21. Suite, Apt. #, etc

22. City & State

23. Zip Country

24. 25. 26. **3511 N TYRONE AVE**

27. Suite, Apt. #, etc.

28. **HERNANDO, FL**

29. **34442-2869** 30. **USA**

9. Name and Address of Current Registered Agent

LAKEMAN, RONALD C
1239 S SUNCOAST BLVD
STE #12
HOMOSASSA FL 34448

10. Name and Address of New Registered Agent

81. Name: **LAKEMAN, GERALD W.**

82. Street Address (P.O. Box Number is Not Acceptable): **3511 N. TYRONE AVE**

83. City: **HERNANDO** FL 85. Zip Code: **34442-2869**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: **X GERALD W. LAKEMAN PRES/TREAS** *Gerald W. Lakeman* **1/5/98**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS

TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	O'GRADY, KELLI L	
STREET ADDRESS	1239 S SUNCOAST BLVD	
CITY-ST-ZIP	HOMOSASSA FL	
TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	LAKEMAN, RONALD C	
STREET ADDRESS	1239 S SUNCOAST BLVD	
CITY-ST-ZIP	HOMOSASSA FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	LAKEMAN, GERALD	
STREET ADDRESS	1239 S SUNCOAST BLVD	
CITY-ST-ZIP	HOMOSASSA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DP/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	LAKEMAN, GERALD W	
1.3 STREET ADDRESS	1239 S SUNCOAST BLVD	
1.4 CITY-ST-ZIP	HOMOSASSA, FL 34448-1461	
2.1 TITLE	DVP/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	LAKEMAN, DIANNE C	
2.3 STREET ADDRESS	1239 S SUNCOAST BLVD	
2.4 CITY-ST-ZIP	HOMOSASSA, FL 34448-1461	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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.

SIGNATURE: **X** *Gerald W. Lakeman* **1/5/98** **352-295-2222**

CR2E034 (10/97)