PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # **P96000055610**

SUITE 212323

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NAME	MOORE, ERIC A	1.2 NAME		2
STREET ADDRESS	4250 ALASAYA TRAIL, STE 212323	1.3 STREET ADDRESS		از ا
CITY-ST-ZIP	OVIEDO FL 32765-9424	1.4 CITY-ST-ZIP		
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addit	tion C
NAME		2.2 NAME		
STREET ADDRESS		2.3 STREET ADDRESS		
CITY-ST-ZIP		2. 4 CITY-ST-ZIP		
TITLE	DELETE	3.1 TITLE	☐ Change ☐ Addi	tion
NAME		32 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4. CITY-ST-ZIP		
TITLE	DELETE	4.1 TITLE	☐ Change ☐ Addit	iion
NAME		4 2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE	DELETE	5.1 TITLE	☐ Change ☐ Addi	tion
NAME		5.2 NAME		-
STREET ADDRESS		5.3 STREET ADDRESS		1
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE	DELETE	6.1 TITLE	☐ Change ☐ Addi	tion
NAME		6.2 NAME		İ
STREET ADDRESS		6.3 STREET ADDRESS		

May 07, 1999 8:00 am Secretary of State

05-07-1999 90112 034 ***150.00

i. Corporation	MENT # P96000 RODUCTIONS INC.	05561	0							
Principal Place	e of Business	Mailing Add	lress					BOLDI YILDI UKMB OMBA	IIBII ABII IAD)	
4250 ALAFAYA	TRAIL	4250 ALASA	YA TRAIL							
SUITE 212323		SUITE 21232						THIS SPACE		
oviedo fl 327 US	65-9424	OVIEDO FL	32/65-9424				3. Date Incorporated or Qualified			ĺ
00							06/27/1996			i
2. Principal Pl	ace of Business	2a. Mailing	Address				4. FEI Number	Ap	plied For	
21		26	26				59-3405190		t Applicable	
Suite, Apt.	#, etc.	Suite, A	pt. #, etc.				5. Certificate of Status Desired	\$8.75		ĺ
22		27						Fee Re	·	
City & State	e e	City & S	State				6. Election Campaign Financing	\$5.00 Added 1	•	
23	Country	28 Zip		Cou	nto/		Trust Fund Contribution		01663	
Zip	Country	— ·		30	i ita y		8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No			
24	9. Name and Address of Curre	29 nt Registered Ac	ent	30		··· -	10. Name and Address of New Regist	ered Agent		ĺ
	v. Hallo allo la company				81	Name				
	IRE, ERIC A				82	Street Ad	dress (P.O. Box Number is Not Acceptable)			
4250 ALASAYA TRAIL						Oucciria	Gress (F.O. Box (Yambor to Not Hosspitable)			1
	E 212323				83					
OVIE	DO FL 32765-9424				84	City		85 Zip 0	Code	
						_		FL		
office or r	to the provisions of Sections 607.05 egistered agent, or both, in the State m familiar with, and accept the oblig	of Florida, Such	change was a	utnorized	ו אם ו	тпе согрога	rporation submits this statement for the purportion's board of directors. I hereby accept the	se of changing its appointment as re	gistered	
SIGNATURE	Signature, typed or printed name of registered ag-	ent and title if applicable.	(NOTE	: Registered	Agen	t signature requ	pired when reinstating) DA			<u>€</u>
12.		ND DIRECTORS		13.			ADDITIONS/CHANGES TO OFFICER) Š
TITLE	P		☐ DELETE	1.1 TI	ΠE			Change	Addition	5
NAME '	MOORE, ERIC A			1.2 N	1.2 NAME 1.3 STREET ADDRESS					CR2E034 (11/98)
STREET ADDRESS	4250 ALASAYA TRAIL, STE 2	12323								Ę.
CITY-ST-ZIP	OVIEDO FL 32765-9424		D DELETE	1 4 CI		r-zip		[7] Change	Addition	뚱
TITLE	I			2.1 TITLE 2.2 NAME			ondingo			
NAME						ADDRESS				
STREET ADDRESS				1		ì				Ì
CITY-ST-ZIP TITLE	2.4C		_	11-21		Change	☐ Addition	1		
NAME				32 N						[
STREET ADDRESS				ı		ADDRESS				
CITY-ST-ZIP				3.4. C						
TITLE			DELETE	4.1 TI				☐ Change	☐ Addition	
NAME				4 2 N	AME					
STREET ADDRESS				435	REET	ADDRESS				
CITY-ST-ZIP				4.4 CI	TY-5	T-ZIP				1
TITLE			□ DELETE	5.1 Tr	TLE			Change	☐ Addition	1
						1				1
NAME				5.2 N						
NAME STREET ADDRESS				5.3 S	REE!	r address				
STREET ADDRESS CITY-ST-ZIP			□ nei czc	5.3 S ⁻ 5.4 Cl	TY-S			Change	☐ Addition	
STREET ADDRESS			☐ DELETE	5.3 S	TY-S			☐ Change	☐ Addition	

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 or an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

5/1/94 407-366-3381 Daytime Phone #