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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # **P96000057770**1. Corporation Name

FILMAS, INC.

## May 04, 1999 8:00 am Secretary of State

05-04-1999 90107 006 \*\*\*150.00



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Principal Place	e of Business	Mailing Address					s indilidity (so this mills b)	iai Obili Anii: Obia:	#1116 1 <b>8 6</b> 31 1 <b>8 8</b> 15	
411 N. MAGNO	LIA AVENUE (CITY DINER)	1357 ORTEGA STREET								
ORLANDO FL 3		WINTER SPRINGS FL 3	INTER SPRINGS FL 32708			}	DO NOT WRITE IN THIS SPACE			
						3 Date	e Incorporated or Qual		SPACE	
						1 -	05/1996	iieu		\
2 Principal D	lace of Business	2a. Mailing Address					Number		An	plied For
<del></del>	idoe or Business	——————————————————————————————————————				<b>I</b>	3389652		<u> </u>	t Applicable
Suite, Apt.	# etc	26 Suite, Apt. #, etc.							\$8.75	
22		27				5. Cert	tifcate of Status Desire	ed 🗀	Fee Re	
City & State	e .	City & State				6 Elec	tion Campaign Financ	ina =	\$5.00	May Be
23		28				<b>I</b>	st Fund Contribution	,,,,,	Added t	-
Zip	Country	Zip	Coi	untry		8. This	corporation owes the	current year In	tangible	
24	25	29	30				sonal Property Tax.		☐ Yes	□No
	9. Name and Address of Curr	ent Registered Agent		I,		10. Nar	ne and Address of N	ew Registered	Agent	
				81	Name					
	TRANGELO, PETER			82	Street	Address (P.O. E	Box Number is Not Acc	ceptable)		
	ORTEGA STREET		62, 3							
WINT	TER SPRINGS FL 32708			83						
				84	City				85 Zip (	Code
				1 1	, ,			_FL	- 1	}
11. Pursuant	to the provisions of Sections 607.0	502 and 607.1508, Florida St	tutes, the a	above	-named	corporation sub	mits this statement for	the purpose of	changing its	registered
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office or n	enistered agent, or both, in the Stat	te of Florida. Such change wa	is authorize	d by	tne corp	oration's board	01 011 001010. 1 1101 02 1	pp-		}
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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.

SIGNATURE:

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR