PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

May 04, 1999 8:00 am Secretary of State

05-04-1999 90196 043 \*\*\*150.00

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000058716

1. Corporation Name

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

SIGNATURE

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

FLORIDA MOVIE PRODUCERS, INC.

Suite, Apt. #, etc.    Suite, Apt. #, etc.   Suite, Apt. #, etc.   Status Desired   S8.75 Additional   See Required Fee Required   City & State   City & City & State   Cit	 							
MADISON FL 32340  MADISON FL 32341  DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified 07/12/1968  Principal Place of Business  Za. Meiling Address  2a. Meiling Address  3b. 4. FEI Number  99-3445379  1. Not. Application  Sulfa, Apt. #, etc.  20	Principal Place of Business Mailing Address						4 186(186) 119 (8116 91111 98111 98111 98111 98111 98111 98111 98111	(1818 BIN 1881
2. Principal Place of Business							DO NOT WRITE IN THIS SPACE	
Applied For   Surface of Business   2a   Mailing Address   2b   Surface   Such Applied   Surface   Surfa	{						3. Date Incorporated or Qualifed	
Suite, Apt. #, etc.	}						07/12/1996	
Suite, Apt. #, etc.   Suite, Apt. #, etc.   27   Suite, Apt. #, etc.   27   City & State   City	2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number Ap	plied For
Suite, Apt. #, etc.   Suite, Apt. #, etc.   27   27   27   City & State   28   City & State   28   City & State   27   City & State   28   City & State   28   City & State   28   City & State   28   City & State   29   30   State   29   30   State   29   State   29   30   State   29   State	21		26				<b>99-3445379</b> No	t Applicable
City & State    City & State   City	Suite, Apt.	#, etc.	<b>⊢</b>				5 Cortifeate of Status Desired	
Zip Country Zip Country Zip Country 8. This corporation owes the current year Inlangible Personal Property Tax.   \	City & State	е	— ·					
9. Name and Address of Current Registered Agent  10. Name and Address of New Registered Agent  11. Name and Address of New Registered Agent  82 Street Address (P.O. Box Number is Not Acceptable)  83   Same   Same		Country		Cou	untry		8. This corporation owes the current year Intangible	
GREENE, THOMAS H JR. HIGHWAY 53 SOUTH MADISON FL 32340  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 lits 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, larm familiar with, and accept the obligations of, Section 607.0505, Florida Statutes, the above-named 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  SIGNATURE  OFFICERS AND DIRECTORS  TITLE  PD  OFFICERS AND DIRECTORS  I ITITLE  OFFICERS AND DIRECTORS IN 12  ITITLE  OFFICERS AND DIRECTORS  I ITITLE  OFFICERS AND DIREC	· · · · · ·		29	30				□No
GREENE, THOMAS H JR. HIGHWAY 53 SOUTH MADISON FL 32340  82 Street Address (P.O. Box Number is Not Acceptable)  83   84 City   FL   85 Zip Code  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 and stie if applicable.    NOTE: Registered Agent signature, hyper or printed name of registered agent and stie if applicable.   (NOTE: Registered Agent signature required when remaining)   DATE    12.				13-1			10. Name and Address of New Registered Agent	
HIGHWAY 53 SOUTH MADISON FL 32340  84 City FL 85 Zip Code  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 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, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE Signitum, typed or printed name of registated agent and stitle if applicable.  NOFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE PD OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE RAME GREENE, THOMAS H JR. 12. NAME SIRECTADORESS HIGHWAY 53 SOUTH ADDISON FL 32340  14. CITY-ST-ZIP MADISON FL 32341  15. STREET ADDRESS LITTLE STD DELETE STD STREET ADDRESS Addition STREET ADDRESS CITY-ST-ZIP Addition STREET ADDRESS S					81	Name		
HIGHWAY 53 SOUTH MADISON FL 32340  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes. The acceptance corporation submits this statement for the purpose of changing its 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, agent, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE    12.	GREENE, THOMAS H JR.				02	Ctroot A	ddrose /P.O. Roy Number is Not Acceptable)	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, when the provisions of Sections 607.0502 and 607.1508, Florida Statutes, byte or pregistered 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    Signature, typed or printed name of registered agent and 1956 if applicable.	HIGHWAY 53 SOUTH				02	Street At	odiess (F.O. Box Number is Not Acceptable)	
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 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, and an armount of the state of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and statutes.  In the state of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent and stee it appointment as registered agent authorized by the corporation's board of directors. I hereby accept the appointment as registered agent authorized by the corporation's board of directors. I hereby accept the appointment as registered agent authorized by the corporation's board of directors. I hereby accept the appointment as registered agent authorized by the corporation's board of directors. I hereby accept the appointment as registered agent authorized by the corporation's board of directors. I hereby accept the appointment as registered agent authorized by the corporation's board of directors. I hereby accept the appointment are gistered agent authorized by the corporation's board of directors. In the purpose of	MADISON FL 32340				83			
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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 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, and the florida Statutes of Florida Statutes.  SIGNATURE  SIGNATURE    Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE					84	City	FI  85   Zip (	Code
12.	office or r agent. 1 a	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida, Such change was ations of, Section 607.0505, F	authorize Iorida Stat	a by tutes	tne corpora	ration's board of director's. I hereby accept the appointment as re	gistered
TITLE	12							RS IN 12
NAME   STREET ADDRESS   HIGHWAY 53 SOUTH   1.3 STREET ADDRESS   1.4 CITY-ST-ZIP   MADISON FL 32340   1.4 CITY-ST-ZIP   TITLE   STD   DELETE   2.1 TITLE   Change   Addition   Addition   Change				1.1 T	ITLE		☐ Change	Addition
STREET ADDRESS   HIGHWAY 53 SOUTH				1.2 N	AME			
MADISON FL 32340		-		13.5	TREET	ADDRESS		
TITLE								
NAME   KINSLEY, EMERALD G   2.2 NAME   2.3 STREET ADDRESS   CITY-ST-ZIP   MADISON FL 32341   2.4 CITY-ST-ZIP   TITLE   Change   Addition   Ad			DELETE			·	☐ Change	☐ Addition
STREET ADDRESS   P.O. BOX 772 N/A		<del>-</del> · -		2.2 N	AME			
CITY-ST-ZIP				238	TREET	ADORESS		
TITLE         DELETE         3.1 TITLE         Change         Addition           NAME         32 NAME         STREET ADDRESS         3.3 STREET ADDRESS         CITY-ST-ZIP         3.4 CITY-ST-ZIP         TITLE         Change         Addition           NAME         4.1 TITLE         Change         Addition           NAME         4.2 NAME         4.3 STREET ADDRESS         4.3 STREET ADDRESS		•					-	
NAME         32 NAME           STREET ADDRESS         33 STREET ADDRESS           CITY-ST-ZIP         34. CITY-ST-ZIP           TITLE         DELETE         4.1 ITILE         Change         Addition           NAME         4.2 NAME           STREET ADDRESS         4.3 STREET ADDRESS		11. 0.0011 E 0.011	□ DELETE	_		-	Change	☐ Addition
STREET ADDRESS   3.3 STREET ADDRESS   3.4. CITY-ST-ZIP   3.4. CITY-ST-ZIP   Change   Addition	1			3.2 N	AME	ļ		
CITY-ST-ZIP         3.4. CITY-ST-ZIP           TITLE         DELETE         4.1 TITLE         Change         Addition           NAME         4.2 NAME           STREET ADDRESS         4.3 STREET ADDRESS	1			1		ADDRESS		
TITLE DELETE 4.1 TITLE Change Addition  NAME STREET ADDRESS 4.3 STREET ADDRESS								
NAME STREET ADDRESS 4.2 NAME 4.3 STREET ADDRESS			☐ DELETE				Change	Addition
STREET ADDRESS 4.3 STREET ADDRESS				1				
						ADORESS		
CITY-ST-ZIP 4.4 CITY-ST-ZIP								

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 addresse, with all other like empowered.

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.4 CITY-ST-ZIP

☐ DELETE

☐ DELETE

☐ Addition

Addition

Change

Change