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FILED

Apr 17 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000064700 (3)

1. Corporation Name
SCREAMING EAGLE INVESTMENTS, INC.



Principal Place of Business

Mailing Address

1877 LAKE DRIVE
COCOA FL 32922
US

1785 HIDDEN LAKE DRIVE
ROCKLEDGE FL 32955

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/02/1996

2. Principal Place of Business

21 1633 LAKE DRIVE

Suite, Apt. #, etc.

22 City & State
COCOA, FLORIDA

23 Zip Country
32922 US

24 32922 25 US

2a. Mailing Address

26 P.O. Box 540206

Suite, Apt. #, etc.

27 City & State
MERRITT ISLAND, FL

28 Zip Country
32954 US

29 32954 30 US

4. FEI Number

59-3396912

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WOOLFE, ROBERT C
775 E MERRITT ISLAND CSWY
SUITE 110
MERRITT ISLAND FL 32952

81 Name

Woolfe, Robert C.

82 Street Address (P.O. Box Number is Not Acceptable)

83

10 SUNTRAC PLACE

84 City

MELBOURNE

FL

85 Zip Code

32940

11. Pursuant to the provisions of Sections 607.0402 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

Signature, typed or printed name of Registered Agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VPSP
NAME WOOLFE, ROBERT C
STREET ADDRESS 1785 HIDDEN LAKE DRIVE
CITY-ST-ZIP ROCKLEDGE FL

☐ DELETE

TITLE PD
NAME LOVELL, RONALD D.
STREET ADDRESS 103 RIVER HEIGHTS DRIVE
CITY-ST-ZIP COCOA FL

☐ DELETE

TITLE TD
NAME WAGONER, WENDY
STREET ADDRESS 1545 S OAKS DRIVE
CITY-ST-ZIP MERRITT ISLAND FL

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

Woolfe, Robert C.

4/10/98 (407)253-3405

CR2E034 (10/97)