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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000068944 (3)

MEN OF FATAL ATTRACTION INC.

Principal Place of Business

Mailing Address

217 N EL CENTRO RIVO

217 N EL CENTRO RIVO

## **FILED** May 15 1998 8:00am Secretary of State



| PANAMA CITY BEACH FL 32413<br>US                     |  | PANAMA CITY BEACH FL 32413   |                         |                               | DO NOT WRITE IN THIS SPACE  |          |
|--|--|--|-------------------------|-------------------------------|---|----------|
| •  |  |  |                         |                               | 3. Date Incorporated or Qualified   |          |
|  |  |  |                         |                               | 08/16/1996  |          |
|  | ace of Business  | 2a. Mailing Address  | 10-                     | 1                             | 4. FEI Number Applied Fo  |          |
| 21 <b>/24/</b><br>Suite, Apl.                        | I Wack Pch. K  | (0) 26 0 1 / 1/ C  | 1 (8)                   | 7/00 6                        | NOT APPLICABLE Not Applic   |          |
| 22   | 7, BIC.  | 24. Mailing Address<br>26. 217 1/. E<br>Suite, Apt. #, etc.                                |                         |                               | 5. Certificate of Status Desired See Regulred Fee Regulred  | al       |
| City & State   |  | City & State   | · ,                     | وسد                           | 6. Election Campaign Financing \$5.00 May Be  | ,        |
| 23 Pano  | ima (ity Fl.   | 28 Panama (  | uty                     | P1.                           | Trust Fund Contribution Added to Fees   |          |
| Zip  | 20 Country   | _ L _ # L  | Count                   | $\frac{y}{\lambda} < \Lambda$ | 8. This corporation owes or has paid the current year Intangible  | ĺ        |
| 24 504   | 0.7  25 USA  | [29] 324/3 [30   |                         |                               | Personal Property Tax due June 30. Yes No   |          |
|  | g. Name and Address of Curre   | ut negistered Agent  | 8                       | 1 Name                        | 10. Name and Address of New Registered Agent  |          |
|  | IDERSON, ERIC T  |  |                         |                               |   |          |
|  | n, el centro blvd.<br>Iama city beach fl 32413   |  | 8:                      | 2 Street A                    | Address (P.O. Box Number is Not Acceptable)   |          |
| PAN  | MMMA CHIT DEACH PL 32413   |  | 8:                      | 3                             |   | $\dashv$ |
|  |  |  | <u> </u>                |                               |   |          |
|  |  |  | 8                       | 4 City                        | FL 85 Zip Code  |          |
| 11. Pursuant t                                       | o the provisions of Sections 607.050   | 02 and 607.1508. Florida Statutes,   | the abo                 | ve-named o                    | corneration submits this statement for the purpose of changing its register   | əred     |
| office or re<br>agent. Lar                           | egistered agent, or both, in the State<br>in familiar with, and accept the oblic                 | e of Florida. Such ch <b>ange was aut</b><br>jations of, Section 60 <b>7.050</b> 5, Floric | horized t<br>da Stalut  | by the corporates.            | poration's board of directors. I hereby accept the appointment as registered  | ed       |
| SIGNATURE  | a Tillada  | - Eoic T   | r. /                    | Henda                         | erson-Pars. 4-15-98   |          |
|  | Signature, typod or printed name of registered ag  |  |                         | gent signature r              | e required when reinstating) DATE   |          |
| 12.  |  | ID DIRECTORS  DELETE   | 13.                     |                               | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12   |          |
| TITLE  | P<br>HENDERSON, ERIC T   | ר ווערבוב  | 1.1 TITLE               | - 1                           | Change Add  | 1110111  |
| NAME<br>Street Address                               | 217 N EL CENTRO BLVD.  |  | 1.2 NAMI                |                               |   | ĺ        |
| CITY-ST-ZIP  | PANAMA CITY FL   |  | 1.3 STRE                | E1 ADDRESS                    |   | 1        |
| TITLE  | TANKINI OILI LE  | ☐ DÉLETE   | 2.1 TITLE               |                               | ☐ Change ☐ Add  | dition   |
| NAME   |  |  | 2.2 NAME                | :                             |   |          |
| STREET ADDRESS                                       |  |  | 2.3 STRE                | ET ADDRESS                    |   |          |
| CITY-ST-ZIP  |  |  | 2. 4 CITY               | -ST-ZIP                       |   | ]        |
| TITLE  |  | ☐ DELETE   | 3 1 TITLE               |                               | Change Add  | dition   |
| NAME   |  |  | 3.2 NAME                |                               |   | - 1      |
| STREET ADDRESS                                       |  |  | 3.3 STRE                | ET ADDRESS                    |   |          |
| CITY-ST-ZIP  |  | 1 October  | 3.4. CITY               |                               |   | 777      |
| TITLE  |  | ☐ DELETE   | 4.1 TITLE               | - 1                           | Change Add  | HODIL    |
| NAME<br>DIRECT ADDRESS                               |  |  | 4. 2 NAM                |                               |   |          |
| STREET ADDRESS CITY-ST-ZIP                           |  |  |                         | ET ADDRESS                    |   |          |
| TITLE  |  | DELETE   | 4.4 CITY -<br>5.1 TITLE |                               | Change Add  | dition   |
| NAME   |  |  | 5.2 NAME                | 1                             |   | 1        |
| STREET ADDRESS                                       |  |  |                         | ET ADDRESS                    |   | ľ        |
| CITY-ST-ZIP  |  |  | 5.4 CITY                |                               |   | ļ        |
| TITLE  |  | DELETE   | 6.1 TITLE               |                               | ☐ Change ☐ Add  | lition   |
| NAME   |  |  | 6.2 NAME                |                               |   |          |
| STREET ADDRESS                                       |  |  | 63 STREE                | ET ADDRESS                    |   | ŀ        |
| CITY-ST-ZIP  |  |  | 64 CITY-                |                               |   | ]        |
| <ol> <li>14. I hereby or<br/>indicated of</li> </ol> | ertify that the information supplied v<br>on this annual report or supplement                    | vith this filing does not qualify for t<br>at annual report is true and accura             | he exemate and t        | ption stated<br>hat my sign   | ed in Section 119.07(3)(i), Florida Statutes. I further certify that the informat gnature shall have the same legal effect as if made under oath, that I am a | tion     |
| officer or o   | li <b>rec</b> tor of the corporation or the rec<br>ir <b>B</b> lock 13 if changed, or on an atta | eiver or trustee empowered to exe<br>achinent with an address.                             | ecule this              | report as i                   | s required by Chapter 607, Florida Statutes; and that my name appears in  |          |
|  | •  | 11   |                         |                               |   |          |