## 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 # P96000070196 (6)

INTIMATE PRODUCTIONS, INC.

## FILED May 07 1998 8:00am Secretary of State



Principal Place of Business Mailing Address							JOHO DHI 1881
1717 N. BAYSHORE DR. 1717 N. BAYSHORE DR.							
SUITE 321		SUITE 321					
MIAMI FL 331	132	MIAMI FL 33132	IAM! FL 33132		DO NOT WRITE IN THIS SPACE		
					<ol> <li>Date Incorporated or Qualified</li> <li>08/22/1996</li> </ol>		
2. Principal P	28. Maiing Address			4. FEI Number		Applied For	
21		26 10 BUX 3	7053	51	65-0709359		Not Applicable
Suite, Apt.	#, etc.	Suite. Apt. #, etc.				\$8.75	Additional
22		27			5. Certificate of Status Desired	Fee F	Required
City & State	е	City & State	D,		6. Election Campaign Financing	\$5.00	О мау Ве
23		28 Miami	+=====================================		Trust Fund Contribution Added to Fees		
Zip	Country	20 2124		Country  8. This corporation owes or has paid the current year Intangible			
24	25		30		Personal Property Tax due June 30.		□ No □
<u></u>	9. Name and Address of Curre	nt Registered Agent	81	r	10. Name and Address of New Register	ad Agent	<del></del>
STOLLER, JEFFREY M				1 Name			
1717 N.BAYSHORE DR.				Street Address (P.O. Box Number is Not Acceptable)			
SUITE 321							
MIA	AMI FL 33132		83	]			
			84	City		. 85 Zip	Code
					F	<b>L</b>	
office or r	to the provisions of Sections 607.00 registered agent, or both, in the Statem familiar with, and accept the oblig	e of Florida. Such change was ac	uthorized by	v the corpor	propration submits this statement for the purpose ration's board of directors. I hereby accept the a	e of changing appointment a	its registered is registered
SIGNATURE	Signature typed or printed name of registered ac	nord and title if producable (NOTE	Registered Are	and pionature rea	quired when reinstating) DAT		
12.		ND DIRECTORS	13.	ark arginacine req	ADDITIONS/CHANGES TO OFFICERS A		DRS IN 12
TITLE	PSTD	DELETE	1.1 TITLE		ADDITIONAL TO OTHER TO	Change	
NAME	ATOLIED IEFFORMA		1.2 NAME				
STREET ADDRESS	1717 N BAYSHORE DR., SU	ITE 321	1.3 STREET	ADDRESS			
CITY-ST-ZIP	MIAMI FL	772 021					
TITLE	MIN WALL I C	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE			Change	Addition
NAME		<del>-</del>				E change	
			2.2 NAME 2.3 STREET ADDRESS				
STREET ADORESS							
CITY-ST-ZIP TITLE			2. 4 C(TY-)	ST-ZIP		Channa	Addition
		□ terete	3.1 TITLE			Change	· L. Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET	ADDRESS			
CITY-ST-ZIP			3.4. CITY -	ST-ZIP			
TITLE	L] DELETE		4.1 TITLE		Change A		Addition
NAME			4. 2 NAME				ļ
STREET ADDRESS			4.3 STREET	ADDRESS			
CITY-ST-ZIP			4.4 CITY - S	T- ZIP			
TITLE	DELETE 5.17		5.1 TITLE		<del></del> -	Change	☐ Addition
NAME			5.2 NAME				f
STREET ADDRESS			5.3 STREET	ADDRESS			
CITY-ST-ZIP			5.4 CITY - S	T-ZIP			
TITLE		☐ DELETE	6.1 TITLE			Change	☐ Addition
NAME			6.2 NAME			_	1
STREET ADDRESS			6.3 STREET	ADDRESS			ì
CITY-ST-ZIP			6.4 CITY - S				
14. I hereby o	certify that the information supplied v	with this filing does not qualify for	the exemp	tion stated i	in Section 119.07(3)(i), Florida Statutes. I further	certify that th	e information
indicated	on this annual report or supplement	al annual report is true and accu	irate and th	at my signat	ture shall have the same legal effect as if made equired by Chapter 607, Florida Statutes; and th	under oath: th	hattam an I
	- 1947 SX	110-	0	,	WIZING 8	يسو دسس.	_ ,