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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

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Feb 01, 1999 8:00am

Secretary of State

02-01-1999 90037 032 ***150.00

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9600073306

ACADEMY ENTERTAINMENT GROUP, INC

ACADEM	Y ENTERTAINMENT GROO	F, INO				
Principal Place	of Business	Mailing Address				
PO BOX 22728		PO BOX 22728				
LAKE BUENA VISTA FL 32830			LAKE BUENA VISTA FL 32830		DO NOT WRITE IN THIS SPACE	
US				3. Date Incorporated or Qualifed	7	
					08/29/1996	
· .		2a, Mailing Address			4. FEI Number Applied For	
2. Principal Place of Business		⊢ ¬			59-3395858 Not Applicable	<u>.</u>
21	4 -1-	Suite, Apt. #, etc.			5875 Additional	
Suite, Apt.	#, etc.	27	-		5. Certificate of Status Desired Fee Required	4
City & State	<u> </u>	City & State			6. Election Campaign Financing	ļ
		28			Trust Fund Contribution Added to Fees	
Zip	Country	Zip	Count	гу	8. This corporation owes the current year intangible	- }
24	25	29	30		Personal Property Tax.	-
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Registered Agent	
		`,	٤	1 Name		_
ANG	GLIN, FRANKLIN C		8	2 Street Ac	ddress (P.O. Box Number is Not Acceptable)	
	8 SUNTREE CIRCLE, APT 67		L			⊢,
ORL	ANDO FL 32807		1	13		
				4 City	85 Zip Code	,
			1			
						-
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statut	tes, the about the contract	ove-named co	corporation submits this statement for the purpose of changing its registered ration's board of directors. I hereby accept the appointment as registered	-
11. Pursuant office or regent lea	to the provisions of Sections 607.05 registered agent, or both, in the State	02 and 607.1508, Florida Statu e of Florida. Such change was a ations of, Section 607.0505, Flo	tes, the about outhorized orida Statut	ove-named co by the corpora es.	corporation submits this statement for the purpose of changing its registered ration's board of directors. I hereby accept the appointment as registered	-
agent. I a	registered agent, or both, in the State am familiar with, and accept the oblig	ations of, Section 607.0505, Flo	orida Statut	es.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
11. Pursuant office or r agent. I a	am familiar with, and accept the oblig	ations of, Section 607.0505, Flo	orida Statut	es.	cuired when reinstating) : DATE 1 2	
agent. I a	am familiar with, and accept the oblig	ations of, Section 607.0505, Flo ent and title if applicable. (NOTE ND DIRECTORS	E: Registered A	gent signature req	quired when reinstating). DATE 1. DAT	
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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 corpolation 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 managed, or on an attachment with a address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP