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Secretary of State

04-07-1999 90009 014 ***150.00

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PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P96000079744

1. Corporation Name
PIT STOP PRODUCTIONS, INC.



Principal Place of Business Mailing Address
204 SPYGLASS LANE **204 SPYGLASS LAND**
JUPITER FL 33477 **JUPITER FL 33477**
US **US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
09/25/1996

4. FEI Number
65-0696400

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. **26** Suite, Apt. #, etc. **Lane**

22 City & State **27** City & State

23 Zip **28** Zip **29** Country **30** Country

9. Name and Address of Current Registered Agent
MEARS, CHRISTYN
204 SPYGLASS LANE
JUPITER FL 33477

10. Name and Address of New Registered Agent

81 Name

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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
 Signatures, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|------------------------------------|---|---|
| TITLE | DP <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MEARS, ROGER E | 1.2 NAME | |
| STREET ADDRESS | 416 FAIRVIEW ROAD | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | BAKERSFIELD CA | 1.4 CITY-ST-ZIP | |
| TITLE | DV <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MEARS, RICK | 2.2 NAME | |
| STREET ADDRESS | 204 SPYGLASS LANE | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | JUPITER FL | 2.4 CITY-ST-ZIP | |
| TITLE | DS <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MEARS, CAROL | 3.2 NAME | |
| STREET ADDRESS | 416 W FAIRVIEW ROAD | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | BAKERSFIELD CA | 3.4 CITY-ST-ZIP | |
| TITLE | DT <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MEARS, CHRISTYN B | 4.2 NAME | |
| STREET ADDRESS | 204 SPYGLASS LANE | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | JUPITER FL | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 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, with all other like empowered.

SIGNATURE: Christyn Mears **Christyn Mears** 3/26/99 561-575-6043
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)