PROFIT CORPORATION ANNUAL REPORT

1999

Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc.

1715 CLARENDON AVE

LAKELAND FL 33803

21



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Mailing Address

US

26

1715 CLARENDON AVE LAKELAND FL 33803

2a. Mailing Address

Suite, Apt. #, etc.

DOCUMENT # P96000086482

BRUCE STARK STUDIOS, INC.

5. Certificate of Status Desired Fee Required 27 22 City & State \$5.00 May Be City & State 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Country Zip Country Zip 8. This corporation owes the current year Intangible ₩ Personal Property Tax. 29 30 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 STARK, BRUCE STARK, BRUCE 82 Street Address (P.O. Box Number is Not Acceptable) 212 ELM AVENUE 1715 CLARENDON AVE **MELBOURNE BEACH FL 32951** 83 LAKELAND City 84 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 Signature, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Change ☐ Addition TITLE 1.1 TITLE STARK, BRUCE NAME 1.2 NAME 1715 CLARENDON AVE STREET ADDRESS 1.3 STREET ADDRESS LAKELAND FL CITY-ST-ZIP 1.4 CITY-ST-ZIP □ DELETE Change Addition 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY+ST-ZIP CITY-ST-ZIP DELETE Change ☐ Addition 3.1 TITLE TITI F 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4, CITY-ST-ZIP CITY-ST-ZIP ☐ Addition DELETE ☐ Chance TITLE 4.1 TITLE 4, 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Addition 61 TITLE □ DELETE ☐ Change TITLE

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

ent with an address, with all other like empowered.

6.2 NAME

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

6.3 STREET ADDRESS

6.4 CITY-ST-ZIF

941 · 683 9550

FILED Feb 26, 1999 8:00 am

Secretary of State

02-26-1999 90061 030 ***150.00

DO NOT WRITE IN THIS SPACE

Applied For

\$8.75 Additional

Not Applicable

3. Date Incorporated or Qualifed 10/18/1996

4. FEI Number

59-3411718

CR2E034 (11/98)