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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000086883 (1)

DIFFERENT ASPECT PRODUCTIONS, INC.

FILED May 06 1998 8:00am Secretary of State

Principal Place of Business Mailing Address 6968 TOWN HARBOUR BLVD #2220 6968 TOWN HARBOUR BLVD #2220 **BOCA RATON FL 33433 BOCA RATON FL 33433** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/21/1996 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 Not Applicable 59-3441280 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes 24 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name LUPFER, JAMES R 6968 TOWN HARBOUR BLVD #2220 **B2** Street Address (P.O. Box Number is Not Acceptable) **BOCA RATON FL 33433** В3 64 City 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 Signature, typed or printed name of registered agont and title if applicable (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TITLE D 1.1 TITLE NAME LUPFER, JAMES R 12 NAME 6968 TOWN HARBOUR BLVD #2220 STREET ADDRESS 1.3 STREET ADORESS **BOCA RATON FL 33433** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition 2.1 TITLE TITLE MYERS, RAYMOND 22 NAME NAME 4500 SW 75TH AVE 2.3 STREET ADDRESS STREET ADDRESS **MIAMI FL 33155** 2.4 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE ☐ Change Addition TITLE 3.1 TITLE GOODWIN, HOWARD G NAME 3.2 NAME **1815 NW 6TH AVE** 3 3 STREET ADDRESS STREET ADDRESS MARGATE FL 33063 3.4. CiTY-ST-ZiP CITY-ST-ZIP DELETE Change Addition 4.1 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Addition □ DELETE Change TITLE 5.1 TITLE 5.2 NAME NAME **5 3 STREET ADDRESS** STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP Change Addition ☐ DELETE 6.1 TITLE TITLE NAME 62 NAME 6.3 STREET ADDRESS STREET ADDRESS 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.

SIGNATURE:

mo Ri Ifin

4/28/48

561-347-0470