FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Mar 13 1998 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000088877 (1)

RISE & SHINE PRODUCTION SUPPORT COMPANY

Principal Place of Business Mailing Address				I CORTICOR HIE FORD ORM BONI ODNI ODNI ODNI	'U RONDA KONDA KONNY K er an
5722 JEFFERSON ST HOLLYWOOD FL 33023		5722 JEFFERSON ST HOLLYWOOD FL 33023			
1				DO NOT WRITE IN THE	S SPACE
				 Date Incorporated or Qualified 10/28/1996 	ł
2. Principal F	lace of Business	2a. Mailing Address		10/20/1880 4. FEI Number	Applied For
21		26		65-0720518	Not Applicable
Suite, Apt #, etc.		Suite, Apt. #, etc.			\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State		City & State		8. Election Campaign Financing	\$5.00 May Be
23		Z(p Country		Trust Fund Contribution	Added to Fees
Zip 24	Country 25	Ζ(p 3		 This corporation owes or has paid the of Personal Property Tax due June 30. 	current year Intangible
<u> 24 </u>	9, Name and Address of Curre		<u> </u>	10. Name and Address of New Registere	7
v	EREBAY, LAYNE		81 Name	NE LINE !	
190 NE 199TH ST, SUITE 204			82 Street Add	DE HOLLEY TESS (P.O. Box Numbers Not Acceptable)	
NORTH MIAMI FL 33179			1"1 "57)	22 Jefferson St	_
			83		
			84 City () (1 - 1	a 85 Zio Code -
			171 3401	lywood F	L 33023
11. Pursuant office or i	to the provisions of Sections 607.050 registered agent, or both, in the State	02 april 607 1508, Florida Statutes e of Floria Such change was au'	 the above-named corp thorized by the source 	poration submits this statement for the purpose tion's board of directors. I hereby accept the a	of changing its registered population
agent. La	in far illar with, and accopt the oblig	ition of Section 607.0505, Flori	da Statoles	_ //).	9.00
SIGNATURE	Shipnatore, typed or pented name of registered ag		Hegistored Agent signature requi	red when reinstaling) DATE	//_
12.		ID DIRECTORS	I 13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	PSYD	DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	HOLLEY, JOE		1.2 NAME		
STREET ADDRESS	5722 JEFFERSON ST		1.3 STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD FL 33023		1.4 CITY - ST - ZIP		
TITLE		☐ DELETE	2 1 TiTLE		Change Addition
NAME			2.2 NAME	#	
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	2 4 CITY - ST - ZIP 3.1 TITLE		Change Addition
NAME		U.S. C.	3.2 NAME		C. Criange C. Maninin
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE	The second second second	☐ D€TE1E	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - S1 - ZIP		
TITLE		[] DELETE	5.1 TITLE		Change Addition
NAME -			5.2 NAME		
STREET ADDRESS			5 3 STREET ADDRESS		
CITY-ST-7IP TITLE		DELETE	5.4 City-St-ZiP		Change Addition
NAME			6 1 TITLE 6.2 NAME		CT CHANGE CT MODITION
STREET ADDRESS			6.3 STREET ADDRESS		

Tilly does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information at open is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an trustee empowered to execute his report as required by Chapter 607, Florida Statutes; and that my name appears in