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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000101427 (8)

REEL TEASERS, INC.

Block 12 or Block 13 if changed

or øn an attachment

Mailing Address

FILED Jun 04 1998 8:00am Secretary of State



Principal Place of Business 655 PENSACOLA BEACH BLVD. 21 CALLE HERMOSA PENSACOLA BEACH FL 32561 PENSACOLA BEACH FL 32561 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/16/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3433355 Not Applicable 21 Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Zip Country Country Z_{ip} This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 29 30 24 25 4 9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name HUSTON, GARY W 3 WEST GARDEN STREET, STE. 600 82 Street Address (P.O. Box Number is Not Acceptable) PENSACOLA FL 32576 63 84 Zip Code City 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 (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. Change Addition DELETE TITLE 1.1 TITLE BALDASAN, MICHELLE D NAME 1.2 NAME 21 CALLE HERMOSA 1.3 STREET ADDRESS STREET ADDRESS PENSACOLA BEACH FL CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change ___ Addition 2.1 TITLE TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY - \$1 - ZIP □ DELETE 3.1 TITLE Change Addition TITLE NAME **3.2 NAME** 3.3 STREET ADDRESS STREET ADDRESS 3 4. CITY - ST - ZIP CITY-ST-ZIP Change DELETE Addition 4.1 TiTLE TITLE NAME 4.2 NAME 4.3 S REET ADDRESS STREET ADDRESS Y-ST-ZIP CITY-ST-ZIP DELETE Change ■ Addition TITLE Μŧ NAME 521 STREET ADDRESS HEET ADDRESS CITY-ST-ZIP Y - ST - ZIP DELETE Change Addition TITLE 611 'nΕ NAME 6.2 NAME 63 STREET ADDRESS STREET ADDRESS 6.4 CITY - S1 - ZIP CITY-ST-ZIP supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information upper neutral aurusal report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an oy the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in 14. Thereby certify that the information suindicated on this annual report or sub-officer or director of the corporation of

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