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Apr 28, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P97000008947

1. Corporation Name
99 FILM & TELEVISIONS PRODUCTION, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business

4951 FORECASTLE DR
 NEW PORT RICHEY FL 3465
 US

Mailing Address

4951 FORECASTLE DR
 NEW PORT RICHEY FL 34652
 US

2. Principal Place of Business

21 **4004 MARINE PARKWAY**

2a. Mailing Address

26 **4004 MARINE PARKWAY**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

23 **NEW PORT RICHEY, FL.**

28 **NEW PORT RICHEY, FL.**

City & State

City & State

24 **34652**

25 **PASCO**

29 **34652**

30 **PASCO**

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

GOSSOW, BRIGITTE
 4951 FORECASTLE DR
 NEW PORT RICHEY FL 34652

3. Date Incorporated or Qualified

01/29/1997

4. FEI Number

59-3444382

Applied For

Not Applicable

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DELETE

NAME **PD GOSSOW, BRIGITTE**
 STREET ADDRESS **4951 FORECASTLE DR**
 CITY-ST-ZIP **NEW PORT RICHEY FL 34652**

TITLE DELETE

NAME **VSD GOSSOW, DIETER**
 STREET ADDRESS **4951 FORECASTLE DR**
 CITY-ST-ZIP **NEW PORT RICHEY FL 34652**

TITLE DELETE

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE DELETE

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE DELETE

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE DELETE

NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition

1.1 TITLE Change Addition

1.2 NAME
 1.3 STREET ADDRESS **4004 MARINE PARKWAY**
 1.4 CITY-ST-ZIP **NEW PORT RICHEY, FL 34652**

2.1 TITLE Change Addition

2.2 NAME
 2.3 STREET ADDRESS **4004 MARINE PARKWAY**
 2.4 CITY-ST-ZIP **NEW PORT RICHEY, FL 34652**

3.1 TITLE Change Addition

3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

6.1 TITLE Change Addition

6.2 NAME
 6.3 STREET ADDRESS
 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 empowerments.

SIGNATURE:

B. Gosow

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Pres

4-23-99 (127) 815-8008

Date

Daytime Phone #

CR2E034 (11/98)