

2-11-98 B 1869 C
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Pd

FILED
Feb 11 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000013326 (8)**

1. Corporation Name
EMANON PRODUCTIONS INC.



Principal Place of Business 2633 NE 27 STREET FT LAUDERDALE FL 33306	Mailing Address 2633 NE 27 STREET FT LAUDERDALE FL 33306
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 6278 N. Federal Hwy Suite, Apt. #, etc. 22 # 640 City & State 23 Ft. Lauderdale, FL Zip 24 33308		2a. Mailing Address 26 6278 N. Federal Hwy Suite, Apt. #, etc. 27 # 640 City & State 28 Ft. Lauderdale, FL Zip 29 33308 Country 30 USA		3. Date Incorporated or Qualified 02/11/1997	4. FEI Number 65-0724750 Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent MANDARO, FRANK C 2633 NE 27 STREET FT LAUDERDALE FL 33306		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 6278 N. Federal Hwy #640 83 84 City Ft. Lauderdale FL 85 Zip Code 33308	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANDARO, FRANK C	1.2 NAME	Mandaro, Frank C.
STREET ADDRESS	2633 NE 27 STREET	1.3 STREET ADDRESS	6278 N. Federal Hwy #640
CITY-ST-ZIP	FT LAUDERDALE FL 33306	1.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33308
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANDARO, PAMALA S	2.2 NAME	Mandaro, Pamala S.
STREET ADDRESS	2633 NE 27 STREET	2.3 STREET ADDRESS	6278 N. Federal Hwy #640
CITY-ST-ZIP	FT LAUDERDALE FL 33306	2.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33308
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: *[Signature]* P.O. # **2-4-98 (954) 561-1198**

CR2E034 (10/97)