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

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P97000019439 (3)

FLORIDA SUNSET PRODUCTIONS INC

## **FILED** Feb 10 1998 8:00am Secretary of State

PEOHIDA GONGET PHODOGRAMO, INC.										
Principal Place of Business Mailing Address					ddress				T 1841/1867 IID 1984 1904 9944 8844 88111 98111 98101 18111 81117 91888 41110 1811 1984	
1420 N. SWINTON AVENUE DELRAY BEACH FL 33444				1420 N. SWINTON AVENUE DELRAY BEACH FL 33444					DO NOT WRITE IN THIS SPACE	
									3. Date Incorporated or Qualified	
									03/03/1997	
2.	Principal P	Principal Place of Business 2a. Ma			Mailing Address				4. FEI Number Applied For	
21	21			26	26				59-3418805 Not Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.					Certificate of Status Desired     S8.75 Additional     Fee Required		
City & State				City & State				6. Election Campaign Financing \$5.00 May Be		
23			28					Trust Fund Contribution Added to Fees		
ŀ	Zip			Country	/	8. This corporation owes or has paid the current year Intangible				
24		25 29 30		90			Personal Property Tax due June 30. 🔀 Yes 🔲 No			
9. Name and Address of Cu			and Address of Curre	ent Registered Agent			Name		10. Name and Address of New Registered Agent	
	FERRER, JOSEPH E									
	1420 N. SWINTON AVENUE						Street	Street Address (P.O. Box Number is Not Acceptable)		
DELRAY BEACH FL 33444						63				
					ļ				· _	
						84	84 City B5 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 regist 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 register agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE										
							clored Agent signature required when reinstating)  DATE  ADDITION STORM AND			
12		00	OF ICERS AN	ID DIRECTORS	DELETE	13.	<del></del> -	т	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
		DP	INCENIE			1.2 NAME			Change Abdițiuli	
NA	_		R, JOSEPH E					ļ		
1		SWINTON AVENUE				1.3 STREET ADDRESS 1.4 City-St-Zip				
TITL	Y-ST-ZIP	STD	BEACH FL 33444		DELETE	2.1 TITLE	51 - ZIP	├	☐ Change ☐ Addition	
NAJ	·		R, MARJORIE		ordere	2.2 NAME			[ ] Cimingo [ ] Patriton	
	EET ADDRESS		SWINTON AVENUE			2.3 STREET	ADDECC	Ì		
ľ	Y-ST-21P		BEACH FL 33444			2.4 CITY-				
7171		DECIM	DEMOTT E 00177		DELETE	3.1 TITLE	31-11		Change Addition	
NA	1					3.2 NAME		ļ		
]	EET ADDRESS					3.3 STREET	ANNRESS			
	Y-\$T-ZIP					3.4. CITY-				
TITE					DELETE	4 1 TITLE	01-ER	$\vdash$	Change Addition	
NAA						4. 2 NAME				
STR	EET ADDRESS					4.3 STREET				
ł	Y-ST-ZIP					4.4 CITY - S				
7171					DELETE	5.1 TITLE			☐ Change ☐ Addition	

CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qually 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 respirator of resport or true type emproyed of 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 appear of the same legal effect as if made under oath; that I am an officer or director of the corporation or the respirator of the corporation of the respirator of the same legal effect as if made under oath; that I am an officer or director of the corporation of the respirator of the corporation of the respirator of the same legal effect as if made under oath; that I am an officer or director of the corporation of the respirator o

5.3 STREET ADDRESS

5.4 CITY - ST-ZIP

61 TITLE

62 NAME 6.3 STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY - ST - ZIP

TITLE NAME

☐ Addition