

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

FILED

May 13 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 # P97000024869 (4)

1. Corporation Name
PINOCCHIO PRODUCTIONS, INC.

Principal Place of Business

1405 KIMBERLY ST
OCOOEE FL 34761

Mailing Address

1405 KIMBERLY ST
OCOOEE FL 34761

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/17/1997

4. FEI Number

59-3439636

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 or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes

☐ No

2. Principal Place of Business

21 3511 MARKHAM WOODS RD

Suite, Apt. #, etc.

2a. Mailing Address

26 P.O. Box 951887

Suite, Apt. #, etc.

22 City & State

23 Longwood FL

Zip

Country

27 City & State

28 LAKE MARY FL

Zip

Country

24

25

29

32795-1887

30

\$

9. Name and Address of Current Registered Agent

BICHETTE, MAURICE D
1405 KIMBERLY ST
OCOOEE FL 34761

10. Name and Address of New Registered Agent

81 Name Bichette, Maurice D.

82 Street Address (P.O. Box Number is Not Acceptable)

3511 MARKHAM WOODS Rd.

83

84

City LONGWOOD

FL

85

Zip Code 32779

11. Pursuant to the provisions of Sections 607.002 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 607.005, Florida Statutes.

SIGNATURE


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

PRESIDENT & CEO

4/30/98

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME BICHETTE, MAURICE D
STREET ADDRESS 1405 KIMBERLY ST
CITY-ST-ZIP OCOOEE FL 34761

TITLE VST ☐ DELETE

NAME BICHETTE, KAREN S
STREET ADDRESS 1405 KIMBERLY ST
CITY-ST-ZIP OCOOEE FL 34761

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

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

3511 MARKHAM WOODS RD
LONGWOOD FL 32779

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3511 MARKHAM WOODS RD
LONGWOOD FL 32779

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

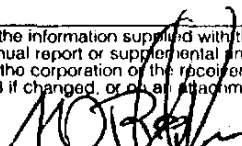
6.2 NAME

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 recorder 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 as an attachment with an address.

SIGNATURE:



Maurice D. Bichette Jr.

4/30/98

407 804 1450

(Signature and typed or printed name of signing officer or director)

Date Daytime Phone (Area Code) Office

CR2E034 (10/97)