FILED Apr 07, 1999 8:00 am Secretary of State

04-07-1999 90128 031 \*\*\*150.00

# (BENIAA) 128 (BIN 1881) # 1811 | 1884 | 1814 | 1814 | 1814 | 1814 | 1814 | 1814 | 1814 | 1814 | 1814 | 1814 |

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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **P97000040472**1. Corporation Name

HEN HOUSE PRODUCTIONS, INC.

							<b>68</b> /11 2/21/2 22/17 21/2	
Principal Place of Business Mailing Address								1,000
215 SW PARK S	215 SW PARK ST							
OKEECHOBEE F	L 37972	OKEECHOBEE FL 34972	***			DO NOT WRITE IN THIS SPACE		
US		US	US			Water Control of the		
						3. Date Incorporated or Qualifed		
<u> </u>		20 No. 10 - A data an				05/02/1997 4. FEI Number		pplied For
	ace of Business		2a. Mailing Address					ot Applicable ~
21		26	1000			65-0751229		
Suite, Apt. :	#, etc.	Suite, Apt. #, etc.	<del></del>			5. Certifcate of Status Desired	•	Additional equired
22			City & State					
City & State	•	— ´	<b>⊢</b> ′			6. Election Campaign Financing	•	May Be to Fees
23			Zip Country			Trust Fund Contribution		to rees
Zip	Country Zip			, ·		8. This corporation owes the current year	ar intangible ∐Yes	₽No
24	25	1	30			Personal Property Tax.  10. Name and Address of New Register		
	9. Name and Address of Curre	ant Registered Agent		81 Nam	ne 🕜	A C / /	nou rigent	
MAD	TINEZ, PEGGY S				1-6	aga A. Snith	<u> </u>	
			82 Street-Ado			ss P.O. Box Number is Not Acceptable)	-	
3122 SE 24TH ST OKEECHOBEE FL 34974				218 SW Park St				
ONE	ECHODEE FL 343/4			83				)
				84 City	ΔV	1 1	85 Zip	Code 4972
					UKO.			
11. Pursuant	to the provisions of Sections 607.0	502 and 607.1508, Florida Statute	es, the al	bove-name	ed corpor	ration submits this statement for the purpos	se of changing its	s registered egistered
agent. I a	egistered agent, or both, in the State m∮amiliar with, and accept the oblig	gations of, Section 697.0505, Flor	ida Stati	ites.	poradori	ration submits this statement for the purpose is board of directors. I hereby accept the a		
SIGNATURE	My -()	I mith				3-25-	-99	
SIGNATURE	Signature, typed or printlyd name of registered a	gent and title if applicable. (NOTE:	Registered	Agent signatu	re required v	when reinstating) DAT		
12.	OFFICERS A	AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICER		
TITLE	D	DELETE	DELETE 1.1 TIT			· <b>«</b> -S	Change	☐ Addition
NAME	WWW. 1 COOL O		1.2 NA	ME	$\rho_{\epsilon}$	=999 A.Sn:th		ļ
STREET ADDRESS	3122 SE 24TH ST		1.3 STR		ss ai	=999 A.Smith		
CITY-ST-ZIP	OKEECHOBEE FL 34974		1.4 CI	TY-ST-ZIP	0	Keechabee, F13497;		
TITLE		☐ DELETE	2.1 ™	Π.E ·			Change	Addition
NAME			2.2 NAME					
STREET ADDRESS	ينج و منسون	a was cales a	. يا خونجا سيا		ss	المراجوسية الرازات والمراسوسي		-
CITY-ST-ZIP			2.4 C	2.4 CITY-ST-ZIP				
TITLE			3.1 TITLE				Change	☐ Addition
NAME			3.2 NA	WE				ļ
STREET ADDRESS			3.3 \$1	REET ADDRE	ss			ſ
CITY-ST-ZIP			3.4. C	TY-ST-ZIP				
TITLE	· · · · · · · · · · · · · · · · · · ·	☐ DELETE	4.1 TT				☐ Change	☐ Addition
NAME			4.2 N	AME				
STREET ADDRESS			4.3 ST	REET ADDRE	ss			
CITY-ST-ZIP				TY-ST-ZIP				,
TITLE	☐ DELETE		_	5.1 TITLE			☐ Change	Addition
NAME			5.2 NA					
STREET ADDRESS			5.3 ST	REET ADDRE	ss			
			5,4 CI	TY-ST-ZIP				
CITY-ST-ZIP		☐ DELETE	6.1 TI				☐ Change	Addition
			6.2 NA	WE	-		•	j
NAME				REET ADDRE	ss			
STREET ADDRESS		*	0.001		1	•		

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 empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-78P