## JECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P97000053222

## **FILED** Jul 12, 1999 8:00 am Secretary of State

07-12-1999 90002 017 \*\*\*550.00

TVD ENT						
TKR ENTERTAINMENT, INC.					585649-9002-17	
						Mir man ann ann an at l
rincipal Place of Business Mailing Address						BEIER EINDE ENTE NOME LIBIE NOT (20)
83 ACKOLA POINT 2063 ACKOLA POINT NGWOOD FL 32779 LONGWOOD FL 32779						
					DO NOT WRITE IN	THIS SPACE
					3. Date Incorporated or Qualified	
					06/09/1997	
Principal P	Place of Business	2a. Mailing Address	<b>–</b>		4. FEI Number	Applied For
Cuia- A-4	#	Suite, Apt. #, etc.		NOT APPLICABLE	Not Applicable  \$8.75 Additional	
Suite, Apt.		27	27		5. Certificate of Status Desired	Fee Required
City & Stat	te		City & State		6:-Election Campaign Financing	5:00 May Be
28		<del></del>	Country		Trust Fund Contribution	Added to Fees
Zip I	Country	Zip	———	intry	8. This corporation owes the current year	ar Yes No
L	25 9. Name and Address of Curr	29	30		Intangible Personal Property.  10. Name and Address of New Registe	
<u></u>	9. Name and Address of Curr	ent registered Agent		81 Name	To. Name and Address or New Registe	aroo Agent
ROB	ertson, karen k					
2063 ACKOLA POINT				82 Street Add	ress (P.O. Box Number is Not Acceptable)	}
LONGWOOD FL 32779				83		
					· · · · · · · · · · · · · · · · · · ·	
				84 City		FL 85 Zip Code
office or	registered agent, or both, in the Sta am familiar with, and accept the obl	te of Florida. Such change was Igations of, section 607.0505, F	authorize lorida Sta	d by the corporati	oration submits this statement for the purpose on's board of directors. I hereby accept the a	appointment as registered
		AND DIRECTORS	13.	artin Adams silhusimia rad	ADDITIONS/CHANGES TO OFFICER	
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Æ	ROBERTSON, KAREN K		1.2 N	AME		
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Y-ST-ZIP	LONGWOOD FL 32779			ITY-ST-ZIP		
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ET ADDRESS				REET ADDRESS		ļ
ST-ZIP	ortify that the information constinution	ith this filing door not qualify for		TY-ST-ZIP	tion 110 07/3\/ii\ Elorida Statutos I further ce	etify that the information

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(i), Fiorida 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 chapted, or on an attachpoint with an address.

**GNATURE:** 

REQUITATION ROBERS C

(407) 333-2132