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

PROFIT
CORPORATION
ANNUAL REPORT
1998

DOCUMENT #
1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000054029 (8)

DE ANGELIS PRODUCTIONS, INC.

Principal Place of Business

Mailing Address

FILED
May 12 1998 8:00am
Secretary of State



| 2701 N. OCEAN BLVD. #12A FT. LAUDERDALE FL 33308 | | 2701 N. OCEAN BLVD. #12A FT. LAUDERDALE FL 33308 | | | |
|---|--|---|-------------------------------|--|-----------------------------|
| | | | | DO NOT WRITE IN THIS | SPACE |
| | | | | Date Incorporated or Qualified 06/18/1997 | |
| 2. Principal P | Place of Business | 2a, Mailing Address | | 4. FEI Number | Applied For |
| | VE 27th TERRACE | 28 1060 De 87 | TERRACE | 65-0797681 | Not Applicable |
| Suite, Apt. | | Suite, Apt. #, etc. | - CAMICO | | \$8.75 Additional |
| 22 | | 27 | | Certificate of Status Desired | Fee Required |
| City & Stat | | City & State | | 8. Election Campaign Financing | \$5.00 May Be |
| 23 POMPA | | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | EACH IT | Trust Fund Contribution | Added to Fees |
| zip 24 | 25 UGA | 29 33067 3 | Country 6 | 8. This corporation owes or has paid the cu | |
| 24 9 90 0 | 9 Name and Address of Current | | 30 UON | Personal Property Tax due June 30. 10. Name and Address of New Registered | Yes No |
| | INGELIS, PAMELA D | - Hogistoroo Agont | 81 Name | (b). Marillo ditto Address of Non Hoggstoron | - Agoin |
| 1000 NE OTTU TEDO | | | | 48.0 S. N. J. | |
| POMPANO BEACH FL 32301 | | | 82 Street A | ddress (P.O. Box Number is Not Acceptable) | • |
| , | | | 83 | | |
| ŀ | | | 01 0 | | [a=1 7:- 0=2- |
| | | | 64 City | Fl | 85 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 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 | • | | | | |
| | Signature typed or printed name of registered agor | | Registered Agent signature re | | |
| 12. | OFFICERS AND | DELETE DELETE | 13. | ADDITIONS/CHANGES TO OFFICERS AN | |
| TITLE | D ANGELIS DALIELA D | ☐ DETEIE | 1.1 TITLE | r, T, S | Change Addition |
| NAME | ! ANGELIS, PAMELA D 2701 N. OCEAN BLVD. #12/ | A | 1.2 NAME | DE ANGENS, PAMELA ORO NE 27th TERRACE | |
| STREET ADDRESS | FT. LAUDERDALE FL 33308 | ` | 1.3 STREET ADDRESS | OBO NE 27TH TERRACE | İ |
| CFTY-ST-ZIP TITLE | 11. CHOOCHOREE 1 C 33300 | ☐ OELETE | 1.4 CITY-ST-ZIP 2.1 TIFLE | COMPANO BEACH, FL 33062 | Change Addition |
| NAME | | | 2.2 NAME | | |
| STREET ADDRESS | | | 2 3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 2. 4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 3 1 TITLE | | Change Addition |
| NAME | | | 3.2 NAME | | |
| STREET ADDRESS | | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 3.4. CITY - ST - ZIP | | |
| TITLE | | ☐ DELETE | 4.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 4.2 NAME | | ļ |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 4.4 CITY - ST - ZIP | | |
| TITLE | | ☐ DELETE | 5.1 TITLE | | Change Addition |
| NAME | | | 5.2 NAME | | |
| STREET ADDRESS | | , | 5 3 STREET ADORESS | | |
| CITY-ST-ZIP | | DELETE | 5.4 CITY - ST-ZIP | | Change Addition |
| TITLE | | L. Vereit | 61 TITLE | | ш симиус ш кооптон |
| NAME CTOSET ADDRESS | | | 6.2 NAME | | |
| STREET ADDRESS | | | 6 3 STREET ADDRESS | | |
| 14. I hereby o | certify that the information supplied wit | th this filing does not qualify for | 6.4 CITY-ST-ZIP | In Section 119.07(3)(i), Florida Statutes. I further c | ertify that the information |
| indicated | on this annual report or supplemental | armual report is true and accur | rate and that my sion: | ature shall have the same legal effect as if made up | nder oath; that I am an |
| Block 12 | director of the corporation of the recei or Block 13 if changed, or on an attac | ver or trustee empowered to ex hment with an address | recute this report as r | equired by Chapter 607, Florida Statules; and that | my name appears in |

SIGNATURE: Pamela Defragle: PAMENA DE ADGENIS 3/13/98 954-941-4585