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

**PROFIT** CORPORATION ANNUAL REPORT

1999

Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

2514 149TH AVENUE LUTZ FL 33549

US

21

22

23

24

Zip



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P97000059972

Mailing Address 16 W 486 LAKE DRIVE

US

27

29

CLARENDON HILLS IL 60514

2a. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

PULSE PRODUCTIONS OF LARGO, INC.

Country

9. Name and Address of Current Registered Agent

25

PIDGEON, STEPHEN D

2514 149TH AVENUE

**FILED** Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90164 041 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

☐ Yes

Not Applicable

3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

6. Election Campaign Financing

8. This corporation owes the current year Intangible

Name and Address of New Registered Agent

Trust Fund Contribution

Personal Property Tax.

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

06/30/1997

59-2561550

FEI Number

LUTZ FL 33549			83		<del></del>				
		,	84	City		FL.	85	Zip Co	ode
office or n	to the provisions of Sections 607.0502 and 607.1508, egistered agent, or both, in the State of Florida. Such m familiar with, and accept the obligations of, Section	change was authori	zed by	the corpo	corporation submits this sta oration's board of directors.	tement for the purpose of I hereby accept the appoin	chang	ng its regi	egistered stered
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable	. (NOTE: Regist	ered Ager	t signature re	equired when reinstating)	DATE			
12.	OFFICERS AND DIRECTORS		3.		ADDITIONS/CHA	NGES TO OFFICERS AN			
TITLE	Ρ	☐ DELETE 1	1 TITLE					nange	☐ Addition
NAME (	PIDGEON, STEPHEN D	1	2 NAME	ĺ					1
STREET ADDRESS	2514 149TH AVE	1	3 STREET	ADDRESS					
CITY-ST-ZIP	LUTZ FL 33549	1	4 CITY-S	ΓZIP					
TITLE		☐ DELETE 2	1 TITLE		V			ange	Addition
VAME		2	2 NAME	ĺ	Judith L. 2514 149	Pidgeon			İ
STREET ADDRESS		2	3 STREET	ADDRESS	2514 149	th Ave			
CITY-ST-ZIP	•	· 2	4 CITY- S	T-ZiP	Lutz, FL	33549			
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CITY-ST-ZIP		4	4 CITY-S	Γ- <i>Ζ</i> ¦Ρ				_	
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NAME		6	2 NAME						
STREET ADDRESS		6	3 STREE	ADDRESS					
CITY-ST-ZIP	•	6	4 CITY-S	T-ZIP					
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Country

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indicated on this annual report or supplied with this ning 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.