SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.

AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE; \$750).

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P97000070784 (8) THE 16MM FILM EQUIPMENT RENTAL SHOP, INC.

## Aug 26 1998 8:00am Secretary of State



Principal Place of <b>Bus</b> iness Malling Address				···			. 8714 1081 0011 1801 4014 010 1601
922 59TH AVE ST PETERSBURG BEACH FL 33706		2 LIBERTY ST SUITE 200					
		TORONTO ONTARIO M6K 1A5			-	DO NOT WRITE IN THIS SPACE	
						3. Date Incorporated or Qualified 08/14/1997	
2. Principal Place of Business 2a. Mailing Address						4. FEI Number	Applied For
21 26						59-3471751	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional
City & Stat	ie .	City & State				6. Election Campaign Financing	\$5.00 May Be
23		28				Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Zip Cour		8. This corporation owes or has paid the current year Intangible		
24	25 29		30	30		Personal Property Tax due June 30. Yes No	
	9. Name and Address of Curren	l Registered Agent		04 \		10. Name and Address of New Registe	ered Agent
MILONAS, TASO M						. Milonas	
1819 MAIN ST				82 Stoogt Address (P.O. Box Number is Not Acceptable)			
					or Kingring Bourevaru		
SARASOTA FL 34236				83 Suite 900			
			ŀ	84 City			85 Zip Code
				Sar	asot	a	FL 3 34236
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 ternilier attly and accept the obligations of section 607.0505 Florida Statutes.							
SIGNATURE Signature, typod or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE							
Signature, typod or printed name of registered egent and title if applicable. (NOTE: Registered Agent signature required.)  12. OFFICERS AND DIRECTORS					ire require	ADDITIONS/CHANGES TO OFFICER	
TITLE	D	DELETE	1.1 TITI	E	1	ZUZUZI	Change Addition
NAME	PATTERSON, JOHN	[ ] beccie	1.2 NAS		1 14	•	Change [ Acouton
STREET ADDRESS	922 59TH AVE	AA PAVI I IIP		EET ADDRESS		SECRETARY	
CITY-ST-ZIP	ST PETERSBURG BEACH FL 3	T PETERSBURG BEACH FL 33708 1.4 CITY-ST-ZII				•	
TITLE	D	DELETE	2.1 TITU		VIC	E ARESIDENT/	Change Addition
NAME	EDWARD, ANTHONY	,	2.2 NA	AE.	• • -	F ARESIDENT/ TRANSURERS	- I seemen
STREET ADDRESS	2 LIBERTY ST SUITE 200		2.8 STREET ADDRESS			MACHSULOME	
CITY-ST-ZIP	TORONTO ONTARIO M6K 1A5	• • • • • • • • • • • • • • • • • • •	2.4 CITY-ST-ZIP				
TITLE		DELETE	3.1 TITE				Change Addition
NAME		<u></u>	3.2 NAN	1E			
STREET ADDRESS			3.3 STR	EET ADDRESS			
CITY-ST-ZIP			3.4 CIT	Y-ST-ZIP			
TITLE	———————————	DELETE	4.1 TITL	E			Change Addition
NAME			4.2 NAA	lE .			
STREET ADDRESS			4 3 STR	EET ADDRESS			
CITY-ST-ZIP			4.4 C(T)	r-ST-ZIP			
TITLE		DELETE	5.1 T)TL	E			Change Addition
NAME			5.2 NAA	1E			
STREET ADDRESS			5.3 STR	EET ADDRESS			
CITY-ST-ZIP			5.4 CIT	/-ST-ZIP	<u></u>		
TITLE		[_] DELETE	6.1 TITL	E			Change Addition
NAME			6.2 NAM	IE			
STREET ADDRESS			6.3 STR	EET ADDRESS			
CITY-ST-ZIP			6.4 CIT	/-ST-ZIP	<u>L.</u>		
44 I boroby so	wife that the information assessed with	أأرممة والانام ومراجع ممام والانتهام				440 07/01/01 Florida Distributa 1.5 office on	and all a laborations are a first

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, propriate attachment with an address.