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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P97000070784

1. Corporation Name

THE 16N	am film equipment ren	ral sh	OP, INC.								
Principal Plac	e of Business	Mail	ling Address						-11 00 111 11	Jes i 1811	i Elei (Bai
922 59TH AVE		2 LIF	BERTY ST				1				
ST PETERSBURG BEACH FL 33706 SUITE 200			•			DO NOT WEE	TE IN TUIC C	DACE			
TORONTO ONTARIO M6K 1A				5			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified				
							08/14/1997				
B 53 15	N		Mailing Addrson				4. FEI Number			Appli	ed For
	Place of Business	—	Mailing Address				59-3471751		H		pplicable
21	#	26	Suite, Apt, #, etc.				09-047 1701		\$8.7	5 Add	
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				5. Certifcate of Status Desired		•	Requi	
City & Stat	do.	27	City & State				6 Flortier Compaign Financing			00 ма	
		28	Oity a Diato	-			6. Election Campaign Financing - Trust Fund Contribution		•	led to F	-
23 Zip	Country		Zip	Coun	ntrv		8. This corporation owes the curr	ent vear Intai			
24	25	29	_	30	,		Personal Property Tax.	-	Yes		No
	9. Name and Address of Curre			<u>~</u>			10. Name and Address of New F	Registered A	gent		
	o. viamo ana viamo o o o o o o o o o o o o o o o o o o			- 1	81	Name			-		
MiLC	ONAS, TASO M			ŀ	82	Ctroot Addrs	ss (P.O. Box Number is Not Accepta	abla\	<u>_</u>		
1515	S RINGLING BLVD			1	82	Street Addre	iss (P.O. Box Number is Not Accepta	IO(e)			
STE	900				83						
SAR	ASOTA FL 34236			ļ	_						
				18	84	City		FL	85 2	Zip Coo	1e
11 Pursuant	to the provisions of Sections 607.050	12 and 60	7.1508. Florida Statutes	the ab	ove-	named corpo	ration submits this statement for the	nurnosa of c	hanging	its re	gistered
office or r	to the provisions of Sections 607.050 registered agent, or both, in the State am familiar with, and accept the obligations.	of Florida	a. Such change was auti	thorized i	by tr	he corporation	n's board of directors. I hereby accep	at the appoint	ment a	s regist	lered
SIGNATURE			- WOTE S			signature required		DATE			
12.	Signature, typed or printed name of registered age OFFICERS AI			13.	Agent 8	signature required	ADDITIONS/CHANGES TO OF		DIREC	TORS	IN 12
TITLE	PS OFFICERS AI	AD DINEG	☐ DELETE	1.1 TTL	E		ADDITIONAL STREET	102,107,110	Char		Addition
NAME	PATTERSON, JOHN			1.2 NAM						•	
i.				4		ADDRESS					
STREET ADDRESS	ST PETERSBURG BEACH FL 3	22706									
CITY-ST-ZIP	VPT	10700		■ 1.4 CH Y	Y-\$T-	212					
TITLE	1 '' '		C DELETE		=				☐ Char	nge	Addition
NAME	EDWARD, ANTHONY		☐ DELETE	2.1 TTL		İ			☐ Char	nge	Addition
					ME.				☐ Char	nge	L. Addition
CITY-ST-ZIP			☐ DELETE	2.1 TITU 2.2 NAM 2.3 STR	ME REET A	ADDRESS			☐ Char	nge	Addition
	TORONTO ONTARIO M6K 1A5	<u> </u>		2.1 TITU 2.2 NAM 2.3 STR 2.4 CIT	ME REET A TY-ST-				_		
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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 comporation 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, ocon an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP