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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

P97000075194 (5)

ACT III, INC.

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Principal Place of Business

Mailing Address

FILED Apr 20 1998 8:00am Secretary of State



ORLANDO FL 32919		6320 EDGE-O-GROVE CIR. ORLANDO FL 32819				
					DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualified	
					08/28/1997	
2. Principal Place of Business 28. Mailing Address 21 5693 VINE/AIN & 26					4. FEI Number Applied For	
Cuite And		26			34-3-80892 Not Applicabl	
Suite, Apt. #, etc. Suite, Apt. #, etc. 27					Certificate of Status Desired Sa.75 Additional Fee Regulred	
City & State	e /	City & State			Election Campaign Financing \$5.00 May Be	
	ando, I-L	26			Trust Fund Contribution Added to Fees	
Zip	Country	Zip	Count	гу	8. This corporation owes or has paid the current year Intangible	
14 128		29	30		Personal Property Tax due June 30. Yes No	
	g, Name and Address of Current	Registered Agent			10. Name and Address of New Registered Agent	
0'	TOOLE, SANDRA		8	1 Name		
6320 EDGE-O-GROVE CIR.				2 Street	eet Address (P.O. Box Number is Not Acceptable)	
OI	RLANDO FL 32819		<u> </u>		·	
			8:	3		
			8-	4 City	85 Zip Code	
44 0		1007 1500 51 11 5		<u> Д</u>	FL C 24 5550	
office or r	egistered agent, or both, in the State of	of Florida. Such change was	authorized t	by the corp	corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered	
agent. I a	m familiar with, and accept the obliga	tions of, Section 607.0505, F	lorida Statul	95.	,	
SIGNATURE						
12,	Signature, typed or printed name of registered agen OFFICERS AND			gent signature	e required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	OLI ICENS AND	DELETE	13.		DP & CAPAT LANGES TO OFFICERS AND DIRECTORS IN 12	
NAME		LLI DECENE	1.2 NAME		KAREN J. RUGERIO	
STREET ADDRESS	· · · · · · · · · · · · · · · · · · ·			ET ADDRESS	5754 Starbright Drive	
}					5/54 5/1/2015 5/1/ 5/20	
CITY-ST-ZIP TITLE		DELETE	1,4 CITY		S Change MAddition	
NAME		Lad Decere	2.2 NAME		SUSAN GARBUS	
STREET ADDRESS				et address	14718 ASTINA WAY	
CITY-ST-ZIP			2.4 CITY		DRUANDO 1=1 32837	
TITLE		DELETE	3.1 TITLE	******	Change Madditio	
NAME			3.2 NAME		- · ·	
STREET ADDRESS				ET ADDRESS	SANDRA D'TOOLE	
CITY-ST-ZIP			3.4. DITY		SANDRA O'TOOLE 6320 Edge-0-GROVE CIRCLE OFIGNOO, FL 32819	
TITLE		DELETE	4.1 TITLE		Change Addition	
NAME			4. 2 NAM	E :		
STREET ADDRESS			4.3 STREI	ET ADDRESS		
CITY-ST-ZIP			4.4 CITY			
TITLE		DELETE	5.1 TITLE		Change Addition	
NAME			5.2 NAME	į		
STREET ADDRESS			5.3 STREE	ET ADDRESS		
CITY - ST-ZIP			5.4 CITY			
TITLE	-	☐ DELETE	6.1 TITLE		Change Addition	
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREE	ET ADDRESS		
CITY-ST-ZIP			6.4 CITY-			
14. I hereby c	ertify that the information supplied wit	h this filing does not qualify f	or the exem	ption state	ed 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 acc	curate and t	hat my sig	gnature shall have the same legal effect as if made under oath; that I am an sequired by Chapter 607, Florida Statutes; and that my name appears in	
Block 12	or Block 13 if changed, or on an attack	nment with an address.	OVOCATE ILIIS	· iohoir as	required by chapter our, mende clatutes, and that my hame appears in	