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

PROFIT CORPORATION ANNUAL REPORT

1998

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

FILED Apr 29 1998 8:00am Secretary of State

Î	RODUCTIONS, INC.)UU8296U (U)		
Principal Plac	e of Business	Mailing Address			L IN DIAMON (SE 1811), INDIA BOALL BOALL BOALL DOTAL LOUIS LIGHT BOALL INDIA BOALL INDIA
10635 TAVIST	TOCK DR	10635 TAVISTOCK DR			
TAMPA FL 33		TAMPA FL 33626-1717			DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualified
					09/24/1997
2. Principal Place of Business		2a. Mailing Address			4. FEI Number Applied For
21		26			59-3497171 Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired S8.75 Additional
22 City & State		27			Fee Required
City & State		City & State	<u>}-</u> ¬ ′		6. Election Campaign Financing \$5.00 May Be
Z ip	Country Zip		Cou	ntrv	Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible
24	25	29	30	.,	Personal Property Tax due June 30. 🔀 Yes 🔲 No
	Name and Address of Curr				10. Name and Address of New Registered Agent
GR	ANT, RALPH A			81 Name	ne
	835 TAVISTOCK DR			B2 Street	et Address (P.O. Box Number is Not Acceptable)
TAI	MPA FL 33626-1717				· · · · · · · · · · · · · · · · · · ·
				83	
			Ì	84 City	FI 85 Zip Code
11 Pursuant	to the provisions of Sections 607.0	502 and 607 1508. Florida Stat	utes the al	nove-named	ed cornoration submits this statement for the purpose of changing its registered
office or r	registered agent, or both, in the Standard familiar with, and accept the ob-	ste of Florida. Such change was	s authorized	d by the cor	corporation's board of directors. I hereby accept the appointment as registered
_	ин жиный мин, ала ассерт ше ор	ilgations or, Section 607.0505, i	rionga siai	utes.	
SIGNATURE	Signature, typed or printed name of registered	agent and title if applicable (No	OTF: Registered	Agent signature	lure required when reinstating) DATE
12.	OFFICERS A	IND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE		L_ DELETE 1.1 TO			P Change Addition
NAME			1.2 NA		RALPH A. GRANT
STREET ADDRESS				REET ADDRESS	10635 TANISTOCK DR TAMPA, FL 33626-1717
CITY-ST-ZIP TITLE		DELETE	2.1 TII	TY - ST - ZIP	Change Addition
NAME			2.2 NA		DIANE R. GRANT
STREET ADDRESS			2.3 \$1	REET ADDRESS	
CITY+ST-ZIP			2.40	TY - \$1 - ZIP	TAMPA, FL 33626-1717
TITLE		DELETE	3.1 TII	LE	☐ Change ☐ Addition
NAME			3.2 NA	ME	
STREET ADDRESS			3.3 ST	reet address	S
CITY-ST-ZIP		DELETE		TY-ST-ZIP	Character T. Addition
HILE		[] DELETE	4.1 1(1		☐ Change ☐ Addition
NAME Street address			4 2 N/	REET ADDRESS	
CITY-ST-ZIP				Y-ST-ZIP	3
TITLE		DELETE	51 Til		☐ Change ☐ Addition
NAME		-	5 2 NA		
STREET ADDRESS			- 1	REET ADDRESS	ıs İ
CITY-ST-ZIP				Y-ST-ZIP	
TITLE		DELETE	6.1 TIT	LE	☐ Change ☐ Addition
NAME			6.2 NA	ME	
STREET ADDRESS			6.3 ST	REET ADDRESS	S
CITY-ST-ZIP	neith that the information	with this fd as done and a 196		Y-S1-ZIP	Design 110 07/2V/V Flee 22 Class and
Jag. I nereby C	vertify that the infollustion supplied	with this filing does not qualify	ior ine exe	mpuon state	ated in Section 119.07(3)(i), Florida Statutes. I further certify that the information

indicated on this annual report of supplied with this limit does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report of suppliemental 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.