05-10-1999 90053 027 ***150.00

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Mailing Address

PO BOX 221523

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000088790

Principal Place of Business

2033 JEFFERSON ST.

EXECUTIVE PRODUCERS INCORPORATED (E.P.I.)

HOLLYWOOD FL 33020		HOLLYWOOD FL 33022 2033 Jel Lanso	on Street M	DO NOT WRITE IN THIS SPACE	
		HOLLYWOOD FL 3322 2033 Jeffansc Hallywood, FC	83090	Date Incorporated or Qualifed 10/14/1997	
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21	•	26		65-0798564	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27		5. Certificate of Clarks Desired	Fee Required
City & State	9	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	This corporation owes the current year Int.	
24	25	<u> </u>	30	Personal Property Tax.	☐ Yes ☐ No
	Name and Address of Cu	rrent Registered Agent		10. Name and Address of New Registered	Agent
	10 TD10V 1 F00		81 Name		
LYONS, TRACY A EQS			82 Street Add	dress (P.O. Box Number is Not Acceptable)	
2033 JEFFERSON ST.					<u></u>
HOLI	LYWOOD FL 33020		83		
			84 City	FL	85 Zip Code
office or re agent. I a	egistered agent, or both, in the Si	.0502 and 607.1508, Florida Statute tate of Florida. Such change was aubligations of, Section 607.0505, Flori	ithoriżea by tne corpora	rporation submits this statement for the purpose of tion's board of directors. I hereby accept the appoi	changing its registered ntment as registered
SIGNATURE	Signature, typed or printed name of registered	d agent and title if applicable. (NOTE:	Registered Agent signature requi	red when reinstating) DATE	
12.	OFFICERS	S AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN	
TITLE	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	FRANCISCO, DOLORES		1.2 NAME		
STREET ADDRESS	2033 JEFFERSON ST.		1.3 STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD FL 33020		1.4 CITY-ST-ZIP		
TITLE		☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADDRESS	•		2.3 STREET ADDRESS		
CITY-ST-ZIP	•		2.4 CITY+ST-ZIP		·
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP	<u></u>	
TITLE		☐ OELETE	41 TITLE		Change Addition
NAME	•		4, 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME		_ -	6.2 NAME		
OTDECT LODGE CO.			6.3 STREET ADDRESS		

6.4 CFTY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

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 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 charged, or the receiver of the corporation of the receiver of the corporation of the corporation of the receiver of the corporation of the corporation