## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## FILED Jul 08, 1999 8:00 am Secretary of State

07-08-1999 90006 015 \*\*\*150.00

## DOCUMENT # P9700094443

CTL PRODUCTIONS INC.

**SIGNATURE:** 

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Principal Place of Business Mailing Addre			<del></del>		1 (40((40) 3)0 (4)() (80) 40() 40() 40() 40() 40() 40() 40() 40
1090 WINDERM	ERE	1090 WINDERMERE			
vero beach f	VERO BEACH FL 32963			DO NOT WRITE IN THIS SPACE:	
					3. Date Incorporated or Qualified
					11/03/1997
2 Principal P	Place of Business	2a. Mailing Address	_		4. FEI Number Applied For
21 12:40		26 1000 k			65-0791547 Not Applicable
Suite, Apt.		Suite, Apt. #, etc. 27 1090 Windergre WAY		WAY	5. Certificate of Status Desired \$8.75 Additional Fee Required
City & State  23 Vero Beach, F1		City & State Beach, F1		•	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip 24 329b	3 Country AN ROLL	Zip 3 1963	Cou 30 Jul	lin fier	No     S. This corporation owes the current year     Intangible Personal Property.
(4) 24, 10	9. Name and Address of Current	11	30 7 41		10. Name and Address of New Registered Agent
		**************************************		81 Name	The state of the s
BROWN, RICHARD L				82 Street Add	dress (P.O. Box Number is Not Acceptable)
	CARDINAL DR			oz Sileet Add	iless (F.O. Box Milliber is Not Acceptable)
SUIT				83	
VERO BEACH FL 32963				84 City	■■ 85 Zip Code
				City	FL   s   z   z   z   z   z   z   z   z   z
office or	registered agent, or both, in the State o am familier with, and accept the obligati	of Florida. Such change was a light of the following of, section 607.0505, Fig.	authorized orida Stat	t by the corporat	oration submits this statement for the purpose of changing its registered tion's board of directors. I hereby accept the appointment as registered  7.1.99  (quired when reinstating)  DATE
12.	OFFICERS AND	<del></del>	13.	. oo i gom olgilatare is	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	DELETE	1.1 717	TLE .	Change Addition
NAME	NIGH, MARIA		1.2 NA	ME	
STREET ADDRESS	1995 SURFSIDE TERRACE		1.3 ST	REET ADDRESS	
CITY-ST-ZIP	VERO BEACH FL 32963		1.4 CF	ry-st-zip	
TITLE	D	DELETE	2.1 TIT	ī.E	Change Addition
NAME	Itale MARIA		2.2 NA	ME	The state of the s
STREET ADDRESS	Loop winderere W	dy_	2.3 ST	REET ADDRESS	•
CITY-ST-ZIP	Vera Beach Fl 329	163	2.4 CI	ry-st-zip	
TITLE		DELETE	3.1 Tf1	TLE	Change Addition
NAME	)		3.2 NA	1	
STREET ADDRESS				REET ADDRESS	
CITY-ST-ZIP				TY-ST-ZIP	
TITLE		DELETE	4.1 111		Change Addition
NAME	, in the second of the second		4.2 NA		
STREET ADDRESS				REET ADDRESS	
C/TY-ST-ZIP			4.4 CI 5.1 TIT	TY-ST-ZIP	
TITLE		L DELETE	5.3 III 5.2 NA		☐ Change ☐ Addition
NAME	1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			REET ADDRESS	
STREET ADDRESS					
CITY-ST-ZIP		Delete	5.4 CI 6.1 TIT	TY-ST-ZIP	Change Addition
NAME	,	L DELETE	6.2 NA	1	Change , Addition
NAME				DEET ADDRESS	

6.4 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 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, or on an attachment with an address.

197000094443 582929-90006-15 DOAR Representative, We did not receive our first the form from the state as he had nowed from our previous bothers. We want you to know all truit should be not led to 1020 Windeners Way, Van Beach, Fl 37963. We had Notified the state of Florida, but there was no Mailing initially. MARIA NIGH Auni high