FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 PROFIT FLORIDA DEPARTMENT OF STATE am

CORPORATION ANNUAL REPORT 1998		Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS			May 26 1998 8:00a Secretary of State	
DOCUM 1. Corporation	IENT # (Ω) (γ	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	5 3		ny or Stan	
DILONRA	FILMS, INC.		,			
Principal Place o	f Business	Mailing Address				
				DO NOT WRITE IN TH	IS SPACE	
				3. Date incorporated or Qualified 11/19/97		
2. Principal Pla 10100	ce of Business WEST SAMPLE RD	2a. Mailing Address 26		4. FEI Number 54 - 1875167	Applied For Not Applicable	
Sulte, Apt. #,	, etc. 313	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State CORAL	SPRINGS, FL	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip 33065	Country 25	Zip 29	Country	This corporation owes or has paid the Personal Property Tax due June 30.	current year intangible Yes X No	
	Name and Address of Current R			10. Name and Address of New Registers	d Agent	
CORPORA!	TE ACCESS, INC	•	81 Name			
1116-D THOMASVILLE ROAD			Address (P.O. Box Number is Not Acceptable)			
MOÚNT VERNON SQUARE						
TALLAHASEE, FL 32303				Fl	85 Zip Code	
11. Pursuant to t	the provisions of Sections 607.05 fice or registered agent, or both,	In the State of Florida. Si	uch change was authori	med corporation submits this statement for the pized by the corporation's board of directors. I here		
SIGNATURE	as registered agent. I am familia	r with, and accept the op	nigations of, Section 60	7.0505, Florida Statutes.		
	gnature, typed or printed name of regi		Υ		NTE DIDECTORS IN 40	
I2. TITLE	OFFICERS AND D		13. 1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS AN	ange Addition	
NAME	THOMAS L. ARNO		1.2 NAME		ange Addition	
STREET ADDRESS CITY - ST - ZIP	6232 NORTHWEST CORAL SPRINGS,		ALS STREET ADDRESS 1.4 CITY - ST - ZIP			
TITLE	Vice-President	DELETE	2.1 TITLE	☐ Cha	ange Addition	
NAME	DIANE JÁQUES		2.2 NAME			
STREET ADDRESS CITY - ST - ZIP	4672 SW 91ST A		2.3 STREET ADDRESS 2.4 CITY - ST - ZIP			
TITLE	COOLER CITT, I	DELETE	3.1 TITLE	Che	ange Addition	
NAME		<u></u>	3.2 NAME	_	· _	
STREET ADDRESS! CITY - ST - ZIP			3.3 STREET ADDRESS 3.4 CITY - ST - ZIP			
TITLE		DELETE	4.1 TITLE	Cha	ange Addition	
NAME	,	—	4.2 NAME	-	_	
STREET ADDRESS CITY • ST • ZIP)		4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	j		
TITLE		DELETE	5.1 TITLE	Cha	ange Addition	
NAME		_	5.2 NAME		_	
STREET ADDRESS CITY - ST - ZIP			5.3 STREET ADDRESS 5.4 CITY - ST - ZIP			
TITLE		DELETE	6.1 TITLE	Cha	ange Addition	
NAME			6.2 NAME	<u> </u>	TOUT PE	
STREET ADDRESS CITY - ST - ZIP			6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	-05/27/380103 ***150.00	5.26	
4. I hereby certi	ify that the information supplied w	vith this filing does not qu	alify for the exemption	stated in Section 119.07(3)(i), Fiorida Statutes. I f	urther certify that the	
				and that my signature shall have the same legal execute this report as required by Chapter 607.		

my name appears in Block 12 or Block 13 if changed, or of an attachment with an address.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #