## 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 # **P97000100335 (3)** 

SCENIC ART INTERNATIONAL, INC.

## **FILED** Apr 16 1998 8:00am Secretary of State



Principal Place	e of Busines	SS.	Mailing	Address			· · · · · · · · · · · · · · · · · · ·	
2501 S. BUMBY AVE. 2501 S. BUMBY AVE.								
ORLANDO FL	32906			ORLANDO FL 32806				DO NOT WRITE IN THIS SPACE
								3. Date Incorporated or Qualified
								11/25/1997
2. Principal Pi	tace of Busin	ness	2e. Ma	2a. Mailing Address				4 FEI Number Applied For
21			26					59-3483651 Not Applicable
Suite, Apt.	#, etc.		<b>├</b> ─	Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional
City & Chat			· · · · · · · · · · · · · · · · · · ·	27				Fee Required
City & State	е		<del></del>	City & State				6. Election Campaign Financing \$5.00 May Be
Zip Country				Zip Country			<del> </del>	Trust Fund Contribution Added to Fees
24		25	F		30	¬ -		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes X No
24]	25   29   30 9. Name and Address of Current Registered Agent				1301			10. Name and Address of New Registered Agent
90						<b>B</b> 1	Name	IV. Name and Address of New Insgesters Agent
GOOGINS, DANIEL J								
2501 S. BUMBY AVE. ORLANDO FL 32806						62	Street Addre	ress (P.O. Box Number is Not Acceptable)
Ohi	DINDO FL	32000			ŀ	63	<del></del>	
					L			
					ſ	84	City	FL 85 Zip Code
11. Pursuant t	to the provis	ions of Sections 607.	0502 and 607.1	508, Florida Statut	es, the ab	QVE	e-named corpo	poration submits this statement for the purpose of changing its registered
office or re agent. Lai	egistered aç m familiar w	gent, or both, in the St	late of Florida. S plipations of, Sec	luch change was a ction 607.0505. Fil	authorizec orida State	l by utes	the corporation	tion's board of directors. I hereby accept the appointment as registered
SIGNATURE		,	<b>3</b>				<del>-</del> :	
SIGNATORE	Signature, typed	for printed name of registered	I agent and title If app	licable (NOI	E: Registered	Age	ent signature require	red when reinslating) DATE
12.		OFFICERS	AND DIRECTOR		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PSD			DELETE	1.1 TiT	LE	P	PSTD Change Addition
NAME	VIANI, K				1.2 NA	ME		,
STREET ADDRESS	1			1.3 \$			ADDRESS	
CITY-ST-ZIP	ORLAND			1.4 CIT	Y-S	T-ZIP		
TITLE	7			2.1 TIT	Lŧ		☐ Change ☐ Addition	
NAME	GOOGINS, RENATE				2.2 NAME			
STREET ADDRESS				2.3 STREET ADDRES			ADDRESS	$\chi = -3$
CITY - ST - ZIP	OHLANE	OFE 32806			2.4 01	TY-S	ST-ZIP	
TITLE				☐ DELETE	3.1 717	LE		Change Addition
NAME					3.2 NA	ME		
STREET ADDRESS					3.3 ST	REET	ADDRESS	
CITY-ST-ZIP					3.4. CI	TY - S	ST-ZIP	
TITLE				DELETE	4.1 T)T			Change Addition
NAME					4. 2 NA	ME	ł	
STREET ADDRESS					4.3 STF	REET	ADDRESS	
CITY-ST-ZIP			4.4 CIT		T-ZIP			
TITLE	☐ DELETÉ			5.1 TITLE		Change Addition		
NAME					5.2 NAI	ME		
STREET ADDRESS					5.3 STF	REET	ADDRESS	
CITY-ST-ZIP	<del></del>				5.4 CIT	_	T- ZIP	
TITLE				DELETE	6.1 TIT	LE		☐ Change ☐ Addition
NAME					6.2 NA	ME	1	
STREET ADDRESS					6.3 STF	REET	ADDRESS	
CITY-ST-ZIP					6.4 CIT	Y-S	T-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

SIGNATURE:

Hatis Viacen